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ABSTRACT

To improve the effectiveness of allied health education in both civilian and military programs, the U. S. Department of Defense and the AMA Council on Medical Education's Advisory Committee on Education for the Allied Professions and Services sponsor a Subcommittee on Military Allied Medical Education. One objective of this Subcommittee is AMA approval of more military allied medical education programs. This compendium provides factual information on military training for allied health professions. Graduates of military programs approved by the AMA Council on Medical Education may be eligible for registration and/or certification and, upon separation from the services, their qualifications for the civilian health care delivery system should be more readily recognized. Current status of 22 AMA-approved allied medical education programs is discussed, and descriptions of such training programs in the Army, the Navy, and the Air Force are given. Programs and projects for former medical corpsmen are described, representing independent efforts on the part of various institutions and agencies to more effectively utilize former military personnel in the civilian health care delivery system. Ten pages of appendixes include a ten-item selected annotated bibliography on military allied medical education and a glossary of acronyms and initials. (Author/SC)

ED 089123

compendium of military allied medical education

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advisory committee on education for the allied health professions and services

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INTRODUCTION

The AMA Council on Medical Education cooperates with twenty-eight allied health and medical specialty societies for the approval of educational programs for twenty-four allied medical occupations. More than 2,700 educational programs are now approved; these include both military and civilian programs.

To improve the effectiveness of allied health education in both the civilian and military programs, the U.S. Department of Defense and the AMA Council on Medical Education's Advisory Committee on Education for the Allied Health Professions and Services sponsor a Subcommittee on Military Allied Medical Education. One objective of this Subcommittee is AMA approval of more military allied medical educational programs.

This *COMPENDIUM OF MILITARY ALLIED MEDICAL EDUCATION* provides factual information on military training for allied health occupations. More than ten million Americans receive medical care services through the Department of Defense. The best interests of patients are served when allied health professionals are trained as quickly and efficiently as possible to function on the health care team. Graduates of military programs approved by the AMA Council on Medical Education may be eligible for registration and/or certification and, upon separation from the services, their qualifications for the civilian health care delivery system should be more readily recognized.

Corrections and additions for this *COMPENDIUM* are welcome for future editions. All inquiries should be directed to the Department of Allied Medical Professions and Services, Division of Medical Education, American Medical Association, 535 North Dearborn Street, Chicago, Illinois 60610.

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The AMA-DoD Subcommittee on Military Allied Medical Education meets prior to and with the Council on Medical Education's Advisory Committee on Education for the Allied Health Professions and Services and its Panel of Consultants and Special Advisors.

COMPENDIUM OF MILITARY ALLIED MEDICAL EDUCATION

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SUBCOMMITTEE ON MILITARY ALLIED MEDICAL EDUCATION

HISTORY AND BACKGROUND

Since the mid-1930's the AMA Council on Medical Education has approved educational programs for allied medical occupations - those occupations, excepting nursing, which are designed to assist the physician in providing patient care. In the belief that the most effective means of assuring the competency of potential allied medical personnel is by ensuring the quality of education provided for these occupations, the Council on Medical Education collaborates with the medical and allied health organizations particularly concerned with each occupation in: (1) Determining and establishing, through formal adoption by the AMA House of Delegates on the recommendation of the Council and collaborating organizations, the minimal requirements *Essential* to assure quality education; (2) Approving educational programs which meet or exceed these requirements; and (3) Periodically revising these requirements to assure that educational programs keep pace with changing needs in medical care.

In 1967, the Council on Medical Education was the approval body for nine allied health occupations. In recognizing the ever increasing demand for health workers, the Council appointed the Advisory Committee on Education for the Allied Health Professions and Services to assist it in evaluating questions concerning allied medical education. In 1969, the Council authorized the appointment of a Panel of Consultants to this Advisory Committee. The Panel, which consists of one representative of each of the organizations collaborating in the approval process, provides a workable communications network between the Council and these organizations and expands the expertise of the Advisory Committee by encompassing the full spectrum of allied medical service occupations on the health care team.

In 1970, the Council on Medical Education sponsored a Washington Conference on Federal Programs and Legislation for Allied Health Education. The Conference was attended by members of the Advisory Committee, its Panel of Consultants, and representatives of the Executive Branch of the Federal Government. A major portion of the Conference was devoted to presentations by representatives of the Department of the Army, Department of the Navy, and Department of the Air Force describing military allied medical education.

Participants at this Conference agreed that, if future demands for health care services in both the military and civilian health care systems are to be met, the most pressing need was for closer interrelation between the two sectors. The following basic needs were identified.

- *COMMON LANGUAGE*. The terminology used to describe allied medical occupations varies, compounding problems in communication and in identifying similar occupations in civilian and military health care. Terminology should be consistent for both military and civilian allied medical occupations.

- *COMPARABILITY OF CURRICULA*. Training methods, of necessity, vary in military allied medical educational programs. To meet its manpower requirements, the military must train allied health personnel as quickly and efficiently as possible, emphasizing attainment of a core level of competency. In determining equivalency between military and civilian allied medical education, emphasis should be placed on academic and clinical competency rather than length of curricula.

¶ *MILITARY CONSULTANTSHIP.* The military services and civilian health organizations need to be aware of each others methods and resources. To establish an open channel of communications, representatives of the major branches of the military and the Department of Defense should be available to provide consultation and/or request cooperation and information from the Council on Medical Education, its Advisory Committee on Education for the Allied Health Professions and Services, the Panel of Consultants, the organizations collaborating with the Council, other AMA Councils and Committees, and other concerned groups and organizations.

¶ *INTERORGANIZATIONAL LIAISON.* There should be a free interchange of information on allied medical education between the military and civilian allied medical agencies. Each should be aware of responsible, reliable contact sources and should strive to continually improve communication.

¶ *REGISTRATION AND CERTIFICATION.* Many allied medical professionals must be registered or certified to obtain employment in their respective occupations. If the civilian health care system is to utilize military trained allied medical personnel, former servicemen must be able to qualify for the appropriate examinations necessary for registration and certification.

These recommendations were considered by the Advisory Committee in January, 1971. At the Advisory Committee's request, the Council on Medical Education agreed to co-sponsor a "Task Force on Military Allied Medical Education" which would improve liaison between the organizations responsible for allied medical education and the military educational system of the Departments of the Army, Navy, and Air Force. The Assistant Secretary of Defense for Health and Environment requested the Surgeons General of the Army, Navy, and Air Force to appoint two representatives each to serve on this Task Force. The Secretary of the Advisory Committee was named to represent the Council on Medical Education.

In November 1971, the Council approved the recommendation of the Advisory Committee that the "Task Force on Military Allied Medical Education" become a Subcommittee of the Advisory Committee and Panel of Consultants and further serve to assure continued communication and cooperation between the Council, the Department of Defense, and those organizations working with the Council through their representatives on the Panel of Consultants and the accreditation process. Dr. Francis L. Land and Dr. Bernard J. Pisani were asked to represent the Council at future Subcommittee meetings; Dr. Richard O. Cannon was asked to attend on behalf of the Advisory Committee on Education for the Allied Health Professions and Services.

In February 1972, Dr. Richard S. Wilbur, Assistant Secretary of Defense (Health and Environment), appointed a Department of Defense Committee on Allied Medical Education. Named to the Committee were the military representatives of the Subcommittee on Military Allied Medical Education. Its purpose is to expedite DoD action on appropriate civilian-military allied medical education.

CURRENT ACTIVITIES

The Subcommittee on Military Allied Medical Education is working with all concerned on the following activities:

I. ACCREDITATION: Many military allied medical educational programs are approved. Others, which might qualify, are not. Representatives of the Army, Navy, and Air Force review educational programs approved by the Council and identify those military programs which most closely resemble the civilian health occupations. In turn, the American Medical Association does all it can to expedite the review process leading to accreditation of these programs.

II. COMPENDIUM: A comprehensive compilation summarizing current military activities in allied medical education is augmented regularly and published by the American Medical Association as the *COMPENDIUM OF MILITARY ALLIED MEDICAL EDUCATION*. This booklet is available to interested organizations and individuals.

III. HORIZONS UNLIMITED: Appropriate references to each of the three military services should be included in future editions of the AMA health careers recruitment publication, *Horizons Unlimited*. This paperback book is available at a minimal charge to high school and college students, guidance counselors, health careers councils, and others.

IV. INFORMATION CLEARINGHOUSE: Reference material on allied medical education in the military services should be readily available to all concerned. The AMA has established, within its Department of Allied Medical Professions and Services, a comprehensive compilation of information on all facets of allied medical education. Information of a non-confidential nature is available upon request from the AMA National Information Center on Allied Medical Education.

V. JAMA: Progress reports on the work of the Subcommittee are included in the Education Number of the *Journal of the American Medical Association*.

VI. STUDY OF EQUIVALENCY: Appropriate information must be developed on the elements and modules of military allied medical educational programs which may be equivalent to all, or portions of, civilian educational programs for allied medical occupations.

Plans and Projected Activities

In addition to the aforementioned activities, the Subcommittee on Military Allied Medical Education has identified and is studying the following areas of concern:

§ The problem, typified by but not unique to military training, which presently inhibits free movement into the allied health work fields -- i.e., the inability of *Essentials* to accommodate inversions of training experience, or the imposition of calendar time minimums, which may not necessarily be relevant to job performance or knowledge.

§ The need to consider educational programs for other allied medical occupations not now included under the Council's accreditation purview.

§ The Subcommittee on Military Allied Medical Education has been directed to implement the Council's charge to its Advisory Committee that it collect and submit to the Council "information relating to the training programs for allied health personnel in other parts of the world as background information for the development of possible programs in the United States." It was noted that the military medical departments are in a unique position to assist in this effort.

§ In cooperation with the Subcommittee on Equivalency and Proficiency Examinations, determining possibilities for the utilization of proficiency examinations as evidence of competency and advancement on the career ladder, and equivalency examinations for college credit are priority activities.

§ Much emphasis has been placed on the need for development of a multidisciplinary approach to evaluation of educational programs for the allied health professions. The Military is working with the Subcommittee on Institutional and Geographic Approach to Program Evaluation in an effort to develop such a pilot survey project at one of the military bases.

MILITARY ALLIED MEDICAL EDUCATIONAL PROGRAMS

The Approval Process

AMA accreditation for allied medical educational programs conducted by military services in a variety of locations must make certain procedural variations from traditional accrediting practices. To facilitate review of military training programs, the Council on Medical Education has suggested that:

1. Accreditation processes be conducted between the Council on Medical Education and collaborating organizations, and offices of the Surgeons General responsible for allied medical education program management, using customary review procedures. The AMA Council on Medical Education has voted its willingness to approve an allied health educational program conducted by a military service, rather than at each specific location. (For example, the AMA could approve the U.S. Navy educational program for Radiologic Technologists rather than individually approving the Naval Medical Training Institute, Bethesda, Maryland; Naval Hospital Corps School, San Diego, California; and Naval Hospital, Portsmouth, Virginia.)

2. All review committees involved in allied health education should initiate accreditation activities through a single, designated contact office in each branch of the service.

3. Review committees request survey teams and review committees to give special consideration to the fact that the clinical portion of military allied medical educational programs include formally supervised clinical educational experiences.

4. Collaborating organizations publish articles in their journals giving information concerning AMA accreditation of military programs. Such articles could be prepared by or in collaboration with the military representatives on the Subcommittee.

Civilian-Military Interaction

Medical care is provided in both civilian and military settings. In some instances, such as the rapid evacuation of the wounded, military practices could be a helpful example applicable to civilian accident cases and medical emergencies and disasters.

Civilian and military job titles are expressed in different terms. Thus, while there are exact counterparts of civilian health care occupations in the military, the occupational designation will vary. Similarly, military educational programs might be based on a six-day, 8:00 a.m. to 5:00 p.m. instructional program, while a civilian program functions on a five-day week with three or four hours of training each day. So, while this civilian "year" might consist of nine months of study, military services might concentrate the same hours of instruction into four months.

The following section on "The Current Status of AMA Approval of Military Allied Medical Educational Programs" is current to December 1973. For each occupation (or area of patient services) it is expected that civilian-military interaction will result in editing, rewriting, and considerably increasing the useful information provided in future editions of this *COMPENDIUM OF MILITARY ALLIED MEDICAL EDUCATION*.

CURRENT STATUS OF AMA APPROVAL OF MILITARY ALLIED MEDICAL EDUCATIONAL PROGRAMS

One of the primary objectives of the AMA-DoD Subcommittee on Military Allied Medical Education of the Council on Medical Education's Advisory Committee on Education for the Allied Health Professions and Services is AMA approval of all appropriate military programs. This section of the *COMPENDIUM OF MILITARY ALLIED MEDICAL EDUCATION* describes the allied medical occupations currently under the accreditation purview of the Council on Medical Education, summarizes the *Essentials* a program must meet to be approved, and lists – where applicable – those military educational programs which are currently approved for a particular allied health occupation by type of occupation and name of military base offering training.

ASSISTANT TO THE PRIMARY CARE PHYSICIAN

The assistant to the primary care physician performs, under the responsibility and supervision of a physician, diagnostic and therapeutic tasks to allow the physician to extend his services to patients through the more effective use of his knowledge, skills, and abilities. Since the functions of primary care physicians are interdisciplinary in nature, involving the five major clinical disciplines (medicine, surgery, pediatrics, psychiatry, obstetrics), the assistant to the primary care physician should be involved in assisting the physician in the provision of those varied medical services necessary for the total health care of the patient. These services may include, but are not limited to: 1) Receiving patients, obtaining case histories, performing appropriate physical examinations and presenting resulting data to the physician; 2) Performing or assisting in laboratory procedures and related studies in the practice setting; 3) Giving injections and immunizations; 4) Suturing and caring for wounds; 5) Providing patient counseling services; 6) Responding to emergency situations which arise in the physician's absence, within the assistant's range of skills and experience, and; 7) Assisting the employing physician in all primary care settings.

The educational program for the assistant to the primary care physician, as defined in the *Essentials of an Approved Educational Program for the Assistant to the Primary Care Physician*, may vary in length from program to program. The training program should be achievement oriented and should take into consideration each individual student's previous education and/or competency in the performance of primary medical care tasks, and allow for advanced placement in the educational program if the student's capabilities warrant it.

The *Essentials* were adopted by the AMA House of Delegates in December, 1971. A joint review committee, co-sponsored by the American Academy of Family Physicians, the American Academy of Pediatrics, the American College of Physicians, the American Society of Internal Medicine, and Physician's Assistant Members-at-Large, evaluates all educational programs applying for AMA approval. This Joint Review Committee on Educational Programs for the Assistant to the Primary Care Physician determines the extent to which programs meet the *Essentials* and then transmits its recommendations for approval or disapproval to the AMA Council on Medical Education. The *Essentials* specifically identify "Medical Educational Facilities of the Federal Government" - including military installations - as acceptable locations for training programs.

AMA-APPROVED MILITARY PROGRAMS FOR THE ASSISTANT TO THE PRIMARY CARE PHYSICIAN

U. S. Army

Academy of Health Sciences, USA
Fort Sam Houston, Texas

U. S. Navy

Physician's Assistants for the U.S. Navy are trained in AMA-approved programs at George Washington University, Washington, D.C., and at the USAF School of Health Care Sciences, Sheppard Air Force Base, Texas. Additional information should be requested from: Naval Medical Training Institute, Bethesda, Maryland 20014.

cont'd→

U. S. Air Force

All Air Force Phase I (didactic) instruction is provided at the USAF School of Health Care Sciences, Sheppard Air Force Base. All others listed provide Phase II (clinical practicum) instruction only.

USAF School of Health Care Sciences
Sheppard Air Force Base
Wichita Falls, Texas

USAF Regional Hospital
Davis-Monthan Air Force Base
Tucson, Arizona

USAF Regional Hospital
March Air Force Base
Riverside, California

USAF Hospital
Mather Air Force Base
Sacramento, California

USAF Academy Hospital
Air Force Academy
Colorado Springs, Colorado

USAF Regional Hospital
McDill Air Force Base
Tampa, Florida

USAF Regional Hospital
Eglin Air Force Base
Valpariso, Florida

USAF Regional Hospital
Chanute Air Force Base
Rantoul, Illinois

Erling Berquiest USAF Reg'l Hospital
Offutt Air Force Base
Omaha, Nebraska

USAF Regional Hospital
Minot Air Force Base
Minot, North Dakota

USAF Regional Hospital
Carswell Air Force Base
Fort Worth, Texas

USAF Regional Hospital
Langley Air Force Base
Hampton, Virginia

USAF Regional Hospital
Fairchild Air Force Base
Spokane, Washington

CERTIFIED LABORATORY ASSISTANT

The certified laboratory assistant performs a number of routine procedures in the clinical laboratory under the direction of a qualified physician and a medical technologist. These procedures may include hematology, serology, blood banking, urinalysis, parasitology, microbiology, and clinical chemistry. The demands of this occupation require precision, dependability, and a strong sense of responsibility. Physical dexterity is essential, in that the certified laboratory assistant works with small and delicate instruments and equipment.

The *Essentials of an Acceptable School for Certified Laboratory Assistants*, as adopted by the AMA House of Delegates in 1967, specify that the course of training should be twelve months in length and should include a minimum of 100 hours of didactic instruction. The emphasis of the curriculum should be directed toward attainment of an acceptable level of technical competency. The educational program should include areas of medical ethics and conduct, medical terminology, basic lab mathematics, preparation of lab solutions and media, elements of quality control, manipulation of histologic and cytologic specimens, blood collecting techniques, as well as an introduction to basic hematology, serology, blood banking and urinalysis.

Educational programs for certified laboratory assistants are evaluated by the National Accrediting Agency for Clinical Laboratory Sciences, which includes representatives of the American Society of Clinical Pathologists and the American Society for Medical Technology. Graduates of AMA-approved programs are eligible for certification as CLA(ASCP) by the Board of Registry of the ASCP. Graduates of other military basic laboratory courses are eligible to apply for the Registry's CLA examination.

AMA-APPROVED MILITARY PROGRAMS
FOR CERTIFIED LABORATORY ASSISTANTS

U. S. Army

Academy of Health Sciences, USA
Fort Sam Houston, Texas

U. S. Air Force

All Air Force Phase I (didactic) instruction is provided at the USAF School of Health Care Sciences, Sheppard Air Force Base. All others listed provide Phase II (clinical practicum) instruction only.

USAF School of Health Care Sciences
Sheppard Air Force Base
Wichita Falls, Texas

USAF Regional Hospital
Maxwell Air Force Base
Montgomery, Alabama

USAF Regional Hospital
Davis-Monthan Air Force Base
Tucson, Arizona

David Grant USAF Medical Center
Travis Air Force Base
Fairfield, California

USAF Regional Hospital
March Air Force Base
Riverside, California

USAF Hospital
Mather Air Force Base
Sacramento, California

USAF Academy Hospital
Air Force Academy
Colorado Springs, Colorado

4531 Tactical Hospital
Homestead Air Force Base
Homestead, Florida

USAF Regional Hospital
McDill Air Force Base
Tampa, Florida

USAF Regional Hospital
Eglin Air Force Base
Valpariso, Florida

USAF Medical Center
Scott Air Force Base
Belleville, Illinois

USAF Regional Hospital
Chanute Air Force Base
Rantoul, Illinois

Malcolm Grow USAF Medical Center
Andrews Air Force Base
Camp Springs, Maryland

USAF Medical Center
Keesler Air Force Base
Biloxi, Mississippi

Erling Berquiest USAF Reg'l Hospital
Offutt Air Force Base
Omaha, Nebraska

USAF Regional Hospital
Minot Air Force Base
Minot, North Dakota

USAF Medical Center
Wright-Patterson Air Force Base
Dayton, Ohio

USAF Regional Hospital
Shaw Air Force Base
Sumpter, South Carolina

USAF Regional Hospital
Carswell Air Force Base
Fort Worth, Texas

Wilford Hall USAF Medical Center
Lackland Air Force Base
San Antonio, Texas

USAF Regional Hospital
Sheppard Air Force Base
Wichita Falls, Texas

USAF Regional Hospital
Langley Air Force Base
Hampton, Virginia

USAF Regional Hospital
Fairchild Air Force Base
Spokane, Washington

USAF Hospital
Lindsey Air Station
Wiesbaden, Germany

CYTOTECHNOLOGIST

The cytotechnologist works under the direction of a qualified physician primarily engaged in exfoliative cytology. This work concentrates on microscopic screening of slide preparations of cell samplings for determination of both malignant and benign cells and can contribute evidence of the presence of cancer in its early stages. Cytotechnologists must be adept at handling delicate, precision lab equipment, should have an apitude for the physical and biological sciences, and should be able to distinguish between fine shades of color.

The *Essentials of an Acceptable School of Cytotechnology*, adopted by the AMA House of Delegates in 1967, specify that a program should be twelve months in length. The curriculum should include the historical background of cytology, cytology as applied in clinical medicine, screening of exfoliative tumor cells, and areas of anatomy, histology, embryology, cytochemistry, cytophysicology and endocrinology, and inflammatory diseases.

Educational programs for cytotechnologists are evaluated by the National Accrediting Agency for Clinical Laboratory Sciences, which includes representation from the American Society of Clinical Pathologists and American Society for Medical Technology. Graduates of approved programs may apply for registration from the Board of Registry of Medical Technologists (ASCP).

AMA-APPROVED MILITARY PROGRAM
FOR CYTOTECHNOLOGISTS

U. S. Army

Brooke Army Medical Center
Fort Sam Houston, Texas

ELECTROENCEPHALOGRAPHIC TECHNICIAN

The primary function of the EEG technician is to secure interpretable records under competent supervision. This includes the preparation of a patient for recording, simplified history taking, proper application of electrodes at predetermined locations, checking electrode function, skillful use of EEG equipment, recognition and correction of common artifacts, recognition of instrument faults, and a basic understanding of medical emergencies in the laboratory.

The *Essentials of an Approved Educational Program for the Electroencephalographic Technician*, as adopted by the AMA House of Delegates in June, 1973, specify that a program should total six months of basic training, including a minimum of three months full-time experience in a clinical laboratory under the supervision of a qualified EEG technologist or a qualified clinical electroencephalographer. Courses of instruction should include elements of basic science and diseases appropriate for EEG technicians, instrumentation, elements of clinical electroencephalography, and EEG laboratory experience.

The American EEG Society, the American Medical EEG Association, and the American Society of EEG Technologists collaborate in the review of educational programs for the EEG technician. No military programs are currently approved.

ELECTROENCEPHALOGRAPHIC TECHNOLOGIST

An EEG technologist's function is, in collaboration with the electroencephalographer, to provide for the recording of interpretable records from patients. This may entail the supervision of EEG technicians. In addition, the technologist is skilled in the following duties: patient briefing and handling, application of recording electrodes, optimal use of EEG equipment, application of EEG technique to specific patient's problem, recognition and correction of artifacts, correction of instrument faults, knowledge of cortical and depth recording procedures, ability for electrocerebral silence recording, and ability to write reports for use of the electroencephalographer.

The *Essentials of an Approved Educational Program for the Electroencephalographic Technologist* were approved by the AMA House of Delegates in June 1973, and provide for a minimal training program of twelve months. Courses of instruction should include anatomy, physiology, neuroanatomy, clinical medicine, electronics and instrumentation, and clinical electroencephalography.

The American Electroencephalographic Society, the American Medical Electroencephalographic Association, and the American Society of Electroencephalographic Technologists collaborate in the review of educational programs for the EEG technologist. No military programs are currently approved.

HISTOLOGIC TECHNICIAN

The histologic technician cuts and processes micro-thin sections of body tissues for examination by a pathologist. This processing includes fixation (chemical and cryo), dehydration, embedding, sectioning, decalcification and microincineration, mounting, and routine and special staining. Histologic technicians should have an aptitude for the physical and biological sciences. Precision, dependability, a strong sense of responsibility, normal vision and the ability to distinguish between fine shades of color are valuable assets.

The *Essentials of an Accredited School for Histologic Technicians*, adopted by the AMA House of Delegates in 1970, specify that programs should be twelve months in length. Studies should include didactic and practical instruction, with at least six months devoted to clinical laboratory training. The curriculum should include medical ethics, medical terminology, chemistry, lab mathematics, anatomy and physiology, histology, histochemistry, quality control, instrumentation, microscopy, processing techniques, and preparation of museum specimens.

Educational programs for histologic technicians are evaluated by the National Accrediting Agency for Clinical Laboratory Sciences, which includes representatives of the American Society of Clinical Pathologists and American Society for Medical Technology. Graduates of AMA-approved programs may apply for registration from the Board of Registry of Medical Technologists. No military programs are currently approved.

MEDICAL ASSISTANT

Medical assistants perform a variety of administrative and clinical functions in a physician's office. They have a wide range of duties including: scheduling and receiving patients, obtaining basic data; maintaining medical records, handling telephone calls, correspondence, reports, etc; purchasing and maintaining supplies and equipment; and assuming responsibility for insurance matters, office accounts, fees and collections, and office care. As a technical assistant, the medical assistant's responsibilities may include preparing patients for examination or treatment, taking temperatures, measuring height and weight, sterilizing instruments, and assisting the physician as he examines or treats patients. Some medical assistants who have special training may also perform routine laboratory tests. The ability to perform clinical tasks under the supervision of a physician distinguishes the medical assistant from the medical secretary.

The *Essentials of an Approved Educational Program for Medical Assistants*, as revised in June, 1971, provide for one-year and two-year educational programs. The curriculum should include courses in anatomy and physiology, medical terminology, medical law and ethics, psychology, administrative and clinical procedures, lab orientation, and the humanities and social sciences. Practical experience in a physician's office or an accredited hospital should be provided.

Educational programs for medical assistants are evaluated by the Curriculum Review Board of the American Association of Medical Assistants. There are no approved military programs. Graduates of AMA-approved programs may apply for certification by the American Association of Medical Assistants.

MEDICAL ASSISTANT IN PEDIATRICS

Medical assistants in pediatrics are trained primarily to work in child health facilities under the supervision of a pediatrician. In addition to performing the general duties and responsibilities of a medical assistant, the medical assistant in pediatrics is trained to perform a variety of specialized clinical tasks in providing health care for the pediatric population.

The *Essentials of an Approved Educational Program for Medical Assistants in Pediatrics*, adopted by the AMA House of Delegates in 1972, specify that the course of instruction should be two academic years or its equivalent. The curriculum should include courses in anatomy and physiology, medical terminology, medical law and ethics, medical assistant administrative and clinical procedures, , as well as education concerning the growth and development of infants and children, infectious diseases and immunization procedures and acute and chronic childhood conditions. Students must also receive practical experience in pediatricians' offices, child health clinics, pediatric out-patient facilities, or other appropriate clinical settings under competent pediatric supervision.

Educational programs are evaluated by the Joint Review Board for Educational Programs for the Medical Assistant in Pediatrics, which includes representatives from the American Academy of Pediatrics and the American Association of Medical Assistants. There are no approved military programs. A certification examination for graduates of approved programs is being developed by the AAMA and the AAP, and will be given for the first time in June, 1974.

MEDICAL LABORATORY TECHNICIAN

The medical laboratory technician performs a variety of clinical laboratory procedures under the direction of a qualified physician and a medical technologist. These procedures may involve hematology, serology, blood banking, urinalysis, parasitology, microbiology, and clinical chemistry. Technicians should have an aptitude for and interest in the physical and biological sciences. Precision, dependability, a strong sense of responsibility, physical dexterity to work with delicate laboratory equipment, normal vision, and the ability to distinguish between fine shades of color are valuable assets.

The *Essentials of an Approved Educational Program for Associate Degree Medical Laboratory Technicians*, adopted by the AMA House of Delegates in December 1971, specify that programs may be conducted by junior/community colleges, technical institutes, or other institutions capable of awarding an associate degree. The educational program should be an integrated educational experience including the social sciences, basic math and communications skills. Studies in the basic sciences should include chemistry, hematology, urinalysis, serology, blood banking, microbiology, and miscellaneous screening and emergency laboratory procedures.

The development of the medical laboratory technician program recognizes two factors: (1) The formal acknowledgement of the excellence of the junior/community college educated technician; and (2) the need for a career 'ladder' or 'lattice' in the medical laboratory setting. Through the medical laboratory technician program, a certified laboratory assistant can, with additional education leading to an associate degree, proceed to the technician level; the associate degree technician can earn a baccalaureate degree and progress to the technologist level. The forward to the *Essentials* recognizes that the U. S. Armed Forces have been one of the primary producers of medical laboratory personnel and encourages educational directors to make arrangements whereby they can accept students with advanced standing on the basis of transfer credits and/or equivalency examinations. Documentation of these arrangements must be maintained as part of the student's records.

Associate degree medical laboratory technician programs are evaluated by the National Accrediting Agency for Clinical Laboratory Sciences, which includes representatives of the American Society of Clinical Pathologists and American Society for Medical Technology. Graduates of AMA-approved programs, or of a 12-month laboratory program with two years of college credit, may take the examination of the ASCP Registry for Medical Laboratory Technicians.

MEDICAL RECORD ADMINISTRATOR*

The medical record administrator is responsible for organizing and directing activities of a Medical Record Department, where medical records for all patients treated in a hospital, clinic or medical center are channeled and maintained. The duties of a medical record administrator include the organization of a workable system of record keeping, design of appropriate forms which will contain the necessary patient information, design and maintenance of an efficient filing system, and supervision of the distribution of this information to authorized individuals in the medical care setting. Medical records contain medical and surgical information on the patient, results of physical examinations, physician's orders and progress notes, nurse's notes, and reports of all exploratory tests conducted in the medical setting (X-ray, lab tests, etc). Medical record administrators should not be confused with medical librarians, whose work involves appropriate indexing and supervision of the distribution of books, periodicals, and other publications maintained by and in a medical reference library.

The *Essentials of an Acceptable School for Medical Record Administrators*, as revised by the AMA House of Delegates in 1967, specify that the total educational program should result in a baccalaureate degree. The curriculum for pre-professional studies should include the humanities and the behavioral, biological, and physical sciences. The professional curriculum should include medical terminology; introduction to the history of medical records; fundamentals of medical science; the principles of organization, administration, supervision, and human relations; principles of law; data processing systems review; and two years of the life sciences, including a laboratory course in anatomy and physiology. The majority of AMA-approved programs are conducted by senior colleges and universities.

Educational programs for medical record administrators are evaluated by the Education and Registration Committee of the American Medical Record Association. Graduates of AMA-approved educational programs are eligible to apply for registration as record administrators (RRA) from the American Medical Record Association. There are no approved military educational programs for this occupation.

MEDICAL RECORD TECHNICIAN

The medical record technician works closely with registered medical record administrators, hospital and health facility administrators, physicians, nurses, and other health personnel. Technicians assist the physician in preparation of reports, transcribing patient histories and progress reports, and reports of physical examinations and tests. Medical record technicians also are responsible for checking the patient's record to be sure that the required information is recorded completely, accurately, and according to the prescribed standards and coded according to the accepted diagnostic nomenclature. Medical record technicians must be alert, accurate, dependable, and have an interest in science and research. Proficiency in typing and filing is advantageous.

The *Essentials of an Approved Educational Program for Medical Record Technicians*, as revised by the AMA House of Delegates in 1967, specify that the length of an AMA-approved program must be at least nine months. The curriculum should include both theoretical instruction and practical experience in a medical setting. Courses should include medical terminology, anatomy and physiology; medical record science, machine transcription, statistics, coding and indexing, and hospital procedures.

Educational programs for medical record technicians are evaluated by the Education and Registration Committee of the American Medical Record Association. Although it is not required, most approved programs are offered by junior colleges, are two years in length, and award an associate degree to program graduates. No military programs are currently approved for this allied health occupation.

**Formerly termed "medical record librarian"*

MEDICAL TECHNOLOGIST

The medical technologist performs both routine and specialized testing procedures in the clinical laboratory and supervises a variety of laboratory personnel in clinical settings. These testing procedures include the development of data which may be utilized by physicians in determining the presence and extent of disease as well as the implications pertaining to the cause of the disease. Tests performed and/or supervised by medical technologists will include the major areas of hematology, serology, and immunology; clinical chemistry, blood banking, urinalysis, microbiology and parasitology. Medical technologists must be academically and emotionally prepared to assume a vast degree of responsibility in dealing with life and death matters in the clinical laboratory setting.

The *Essentials of an Approved Educational Program for the Medical Technologist*, as revised by the AMA House of Delegates in December 1972, require that all educational programs must culminate in a baccalaureate degree. Programs which require a baccalaureate degree as a prerequisite for admission are exempt from this requirement. The clinical training programs must be at least twelve months in duration, and applicants to the program must have at least 90 semester hours (135 quarter hours) of academic credit in a college or university approved by a recognized regional accrediting association prior to enrollment in the training course. The clinical training program should stress the basic principles commonly used in the diagnostic laboratory testing procedures and should provide the technical instruction necessary in areas pertaining to hematology, serology, clinical chemistry, microbiology, and others relevant to the total scope and function of the medical technologist in a clinical laboratory setting.

Educational programs for medical technologists are evaluated by the National Accrediting Agency for Clinical Laboratory Sciences, which includes representatives of the American Society of Clinical Pathologists and the American Society for Medical Technology. Graduates of AMA-approved educational programs are eligible to apply for certification from the Board of Registry of Medical Technologists of the American Society of Clinical Pathologists.

AMA-APPROVED MILITARY PROGRAMS FOR MEDICAL TECHNOLOGISTS

U. S. Army

Fitzsimons Army Medical Center
Denver, Colorado

Tripler Army Medical Center
Honolulu, Hawaii

Walter Reed Army Medical Center
Washington, D.C.

William Beaumont Army Medical Center
El Paso, Texas

Brooke Army Medical Center
Fort Sam Houston, Texas

U. S. Navy

Naval Medical Training Institute
Bethesda, Maryland

U. S. Air Force

David Grant USAF Medical Center
Travis Air Force Base
Fairfield, California

USAF Regional Hospital
Carswell Air Force Base
Fort Worth, Texas

Malcolm Grow USAF Medical Center
Andrews Air Force Base
Camp Springs, Maryland

Wilford Hall USAF Medical Center
Lackland Air Force Base
San Antonio, Texas

NUCLEAR MEDICINE TECHNICIAN
AND
NUCLEAR MEDICINE TECHNOLOGIST

Both the nuclear medicine technician and the nuclear medicine technologist work with radioactive isotopes administered to patients for diagnosis and treatment. The technician or technologist receives, positions, and attends to patients and abstracts data from patient records; makes dose calculations for future studies; and assists the physician in the operation of scanning devices using radioactive isotopes. Both the technician and the technologist are concerned with the safety of the patient, and must be aware of and responsible for the dose levels administered to the patient during treatment. While both may be involved, the technologist will be prepared to assume a greater degree of responsibility for the disposal of radioactive waste materials, the safe storage of radioactive isotopes, and maintaining inventory control of radiopharmaceuticals used in the treatment center.

The *Essentials of an Accredited Educational Program in Nuclear Medicine Technology* were adopted by the AMA House of Delegates in 1969. These *Essentials* outline minimum criteria for the establishment and approval of either a two-year (associate degree) educational program for nuclear medicine technicians or a four-year (baccalaureate degree) educational program for nuclear medicine technologists. In both instances, the professional curriculum in nuclear medicine technology should be a minimum of twelve months in length. Courses of study offered to students should include basic anatomy and physiology, pathology, mathematics, radiation physics, nuclear physics, medical instrumentation, radiation biology, radiation protection, basic laboratory testing procedures, the clinical application of radionuclides, and a variety of related studies.

Educational programs for nuclear medicine technicians and nuclear medicine technologists applying for approval by the AMA Council on Medical Education are evaluated by the Joint Review Committee on Educational Programs for Nuclear Medicine Technology. This review committee is co-sponsored by and includes representatives of the American College of Radiology, the American Society of Clinical Pathologists, the American Society for Medical Technology, the American Society of Radiologic Technologists, the Society of Nuclear Medical Technologists, and the Society of Nuclear Medicine. The joint review committee is responsible for on-site evaluation of educational programs and formulates the recommendation which is then considered by the Council on Medical Education.

Most nuclear medicine technicians and nuclear medicine technologists have had previous education and experience in the medical laboratory or in the radiologic sciences. Graduates of AMA-approved programs, dependent upon their occupational background, may be eligible to apply for certification by either the Registry of Medical Technologists (ASCP) or the American Registry of Radiologic Technologists (ARRT).

AMA-APPROVED MILITARY PROGRAMS
FOR NUCLEAR MEDICINE TECHNICIANS

U. S. Navy

The Naval Medical Training Institute, Bethesda, Maryland provides all Phase I (didactic) instruction. All other training sites listed for the U.S. Navy provide Phase II (clinical) instruction for nuclear medicine technicians.

Naval Medical Training Institute
National Naval Medical Center
Bethesda, Maryland

Naval Hospital
Oakland, California

Naval Hospital
San Diego, California

Naval Hospital
Great Lakes, Illinois

Naval Hospital
Boston, Massachusetts

Naval Hospital
Philadelphia, Pennsylvania

OCCUPATIONAL THERAPIST

The occupational therapist is concerned with the use of purposeful activity in the promotion and maintenance of health, the prevention of disability, and the evaluation of behavior in the treatment of patients with physical and psycho-social dysfunction. In directing therapy for the patients of the physician, occupational therapists use a wide spectrum of treatment procedures based on activities of a creative, social, self-care, educational, and vocational nature. Occupational therapists must have a genuine interest in people and a strong desire to help others. The ability to quickly gain the confidence and respect of others is essential. Patience, tact, scientific objectivity and professional detachment, and the ability to adapt to changing situations are also important personal character traits.

The *Essentials of an Accredited Educational Program for the Occupational Therapist* were revised by the American Occupational Therapy Association and ratified by the AMA House of Delegates in 1973. These *Essentials* specify that the total educational preparation for a career as an occupational therapist must be at least four academic years in length and should culminate in a baccalaureate degree from an accredited college or university. Professional training at the post-baccalaureate educational level which will lead to a master's degree is a highly acceptable alternative approach. The basic educational preparation for the professional studies should include studies of the biological and behavioral sciences and the humanities to provide a strong foundation for the specialized professional subjects and the required clinical experience.

Educational programs for occupational therapists are evaluated by the Accreditation Committee of the American Occupational Therapy Association. Graduates of AMA-approved educational programs are eligible to apply for the registry examination which is administered semi-annually by the American Occupational Therapy Association. No military educational programs are currently approved.*

OPERATING ROOM TECHNICIAN

Operating room technicians usually are employed by hospitals and work in the operating room performing a variety of tasks as members of the surgical team. The operating room technician functions under the direction of the operating room supervisor, who is a registered nurse, and is responsible for the cleanliness, safety, and efficiency of the operating room that leads to good patient care. His knowledge of and experience with aseptic surgical technique qualify him to prepare materials for use at the operating table and to assist in the use of these materials.

The *Essentials of an Approved Educational Program for the Operating Room Technician* were adopted by the AMA House of Delegates in December 1972. These *Essentials* specify that the educational program should total one academic year or its equivalent. The curriculum for the operating room technician should include both didactic and clinical instruction in anatomy, physiology, pathology, microbiology, safe patient care, operating room technique, and surgical procedures. A general orientation to operating room terminology, weights and measures, medical legal aspects, and ethics is also required.

Educational programs for the operating room technician are evaluated by the Joint Review Committee on Education for the Operating Room Technician. The review committee includes representatives from the Association of Operating Room Technicians, the Association of Operating Room Nurses, the American College of Surgeons, and the American Hospital Association. No military programs are currently approved, because the Joint Review Committe is just beginning its work.

The Association of Operating Room Technicians conducts a certifying examination open to members of the Association. It is offered on a quarterly basis in areas across the country.

**Military personnel with training in occupational therapy at the technician level are eligible to apply to the American Occupational Therapy Association for certification as occupational therapy assistants.*

ORTHOPAEDIC PHYSICIAN'S ASSISTANT

An orthopaedic physician's assistant works under the direction and supervision of an orthopaedic surgeon. He may be responsible for the management of equipment and supplies in both the traction and cast areas of the hospital, and is prepared to serve as a surgical assistant to the orthopaedic surgeon with the special knowledge and skills required to properly handle and care for orthopaedic surgical instruments. In the emergency room, the orthopaedic physician's assistant must be able to prepare materials and equipment for minor surgical procedures; he may apply simple braces and prosthetic devices and carry out minor adjustments and repairs. An orthopaedic physician's assistant program should include a basic education core which should be supplemented by a health education core, including anatomy and physiology, microbiology, and an orientation in patient care.

Educational programs for orthopaedic physician's assistants are evaluated by the Committee on the Training of the Orthopaedic Physician's Assistant of the American Academy of Orthopaedic Surgeons. Many of the students and graduates of existing programs have had previous experience in the military services as orthopaedic technicians. No military programs are currently approved.

PHYSICAL THERAPIST

The physical therapist is concerned with the restoration of bodily function and the prevention of disability following disease, injury, or loss of a bodily part. The goal of the physical therapist is to improve circulation, strengthen muscles, encourage the return of motion, and to train or retrain the patient to perform the activities necessary for daily functioning at a normal or near-normal level. Activities of a physical therapist include the utilization of the therapeutic properties of exercise, heat, cold, electricity, ultrasound waves, and massage. A physical therapist must also prepare the patient — both psychologically and emotionally — to accept treatment. New patients are frequently distraught, resentful, and burdened by feelings of hopelessness and helplessness. The physical therapist must find ways to eliminate these barriers and gain the confidence of the patient before effective, long-range treatment can begin. Physical therapists must, therefore, have a genvine interest in people and a strong desire to help others while maintaining the necessary scientific objectivity in interpersonal relationships with these patients.

The *Essentials of an Acceptable School of Physical Therapy* (currently being revised) were adopted by the AMA House of Delegates in 1955. These *Essentials* specify that the total educational preparation for a career as a physical therapist should equal at least four academic years of college or university preparation leading to a baccalaureate degree or enrollment in a post-baccalaureate program leading to a certificate or master's degree. The curriculum for a physical therapy program should include the biological and physical sciences and the social sciences basic to understanding inter-relationships with patients, the families of patients, physicians, and other members of the health care team. Clinical training and experience should be planned as a part of the curriculum to supplement didactic instruction.

Educational programs for physical therapists are evaluated by the Committee on Accreditation in Basic Education of the American Physical Therapy Association. Graduates of AMA-approved educational programs are eligible to apply for state licensure as physical therapists, which is now mandatory in all fifty states.

AMA-APPROVED MILITARY PROGRAM
FOR PHYSICAL THERAPISTS

U. S. Army

Academy of Health Sciences, USA
Fort Sam Houston, Texas

RADIATION THERAPY TECHNOLOGIST

The radiation therapy technologist assists the radiologist in the treatment of disease by exposing affected areas of the patient's body to prescribed doses of X-ray and other ionizing radiation. The radiation therapy technologist must maintain proper operation of controlling devices and equipment used in radiation treatment, and must share the responsibility with the radiologist for the accuracy of treatment records. The radiation therapy technologist operates complex radiologic equipment and must be mechanically inclined in addition to having an aptitude and ability in the physical sciences and mathematics.

One-year program. An applicant to an approved one-year educational program in radiation therapy technology must be either a graduate of an approved educational program in radiologic technology, a registered nurse with an educational background in radiation physics, or possess equivalent qualifications. The educational program must be at least twelve months in length, and include study in physics, mathematics, pathology, radiology, anatomy, treatment planning, nursing procedures, radium therapy, protection and shielding, and professional ethics.

Two-year program. The *Essentials of an Approved Educational Program for the Radiation Therapy Technologist — Two-Year Program* were approved by the AMA House of Delegates in November 1972 to provide an alternate educational program for preparation of the radiation therapy technologist. Applicants to an approved two-year program need not be graduates of approved teaching programs in radiologic technology, but must be qualified as high school graduates or equivalent, with acceptable educational background in the basic sciences and mathematics. The educational program must be at least 24 months in length, and the curriculum includes entry level study in the basic principles of the use of ionizing radiation and related basic sciences.

Educational programs for radiation therapy technologists are evaluated by the Joint Review Committee on Education in Radiologic Technology, which is co-sponsored by the American College of Radiology and the American Society of Radiologic Technologists. Graduates of AMA-approved educational programs are eligible to apply for certification as radiation therapy technologists from the American Registry of Radiologic Technologists. No military programs are currently approved.

RADIOLOGIC TECHNOLOGIST

The radiologic technologist is concerned with the proper operation of X-ray equipment and the preparation of patients for various types of radiologic treatment. The radiologic technologist's duties may include helping with the clerical functions of the radiology department necessary for proper treatment and film development. Radiologic technologists assist and position patients for X-rays, and may be employed in a variety of medical care settings: hospitals, clinics, private physicians' offices, industrial settings, and in civil services and public health institutions. Radiologic technologists work with the sick and disabled and must be in good health, emotionally stable, accurate, thorough, and enjoy working with people.

The *Essentials of an Accredited Educational Program for Radiologic Technologists* specify that the total educational program must be a minimum of twenty-four months in length. The curriculum should include studies of anatomy and physiology, physics, medical terminology, dark room chemistry, dark room technique, the principles of radiographic exposure, radiographic positioning and procedures, radiation therapy protection, the basics of nuclear medicine technology, film critique, and professional ethics. Practical experience in a radiology setting should be an integral part of the total curriculum.

Educational programs for radiologic technologists are evaluated by the Joint Review Committee on Education in Radiologic Technology. This review committee is co-sponsored by the American College of Radiology and the American Society of Radiologic Technologists. The *Essentials*, as revised by the AMA House of Delegates in 1969, require that applicants to approved programs have high school or equivalent training. Graduates of AMA-approved educational programs are eligible to apply for registration from the American Registry of Radiologic Technologists.

The AMA Council on Medical Education and its collaborating organizations have approved military programs in all three brances of the military services.

AMA-APPROVED MILITARY PROGRAMS
FOR RADIOLOGIC TECHNOLOGISTS

U. S. Army

Academy of Health Sciences, USA, Fort Sam Houston, Texas provides all Phase I (didactic) instruction. All other training sites listed for the U.S. Army provide Phase II (clinical) instruction in radiologic technology.

Academy of Health Sciences, USA
Fort Sam Houston, Texas

Noble Army Hospital
Fort McClellan, Alabama

Lyster Army Hospital
Fort Rucker, Alabama

U.S. Army Hospital
Redstone Arsenal, Alabama

Silas B. Hays Army Hospital
Fort Ord, California

Letterman Army Medical Center
San Francisco, California

Fitzsimons Army Medical Center
Denver, Colorado

U.S. Army Hospital
Fort Carson, Colorado

Walter Reed Army Medical Center
Washington, D.C.

Martin Army Hospital
Fort Benning, Georgia

U.S. Army Hospital
Fort Gordon, Georgia

U.S. Army Hospital
Fort McPherson, Georgia

U.S. Army Hospital
Fort Steward, Georgia

U.S. Army Hospital
Fort Benjamin Harrison, Indiana

Munson Army Hospital
Fort Leavenworth, Kansas

U.S. Army Hospital
Fort Campbell, Kentucky

Ireland Army Hospital
Fort Know, Kentucky

Irwin Army Hospital
Fort Riley, Kentucky

U.S. Army Hospital
Fort Polk, Louisiana

Kirk Army Hospital
Aberdeen Proving Grounds, Maryland

Kimbrough Army Hospital
Fort George G. Meade, Maryland

U.S. Army Hospital
Fort Devens, Massachusetts

Gen. Leonard Wood Army Hospital
Fort Leonard Wood, Missouri

Walson Army Hospital
Fort Dix, New Jersey

Patterson Army Hospital
Fort Monmouth, New Jersey

Womack Army Hospital
Fort Bragg, North Carolina

Reynolds Army Hospital
Fort Sill, Oklahoma

Moncrief Army Hospital
Fort Jackson, South Carolina

William Beaumont Army Medical Center
El Paso, Texas

Darnall Army Hospital
Fort Hood, Texas

Brooke Army Medical Center
Fort Sam Houston, Texas

DeWitt Army Hospital
Fort Belvoir, Virginia

McDonald Army Hospital
Fort Eustis, Virginia

Kenner Army Hospital
Fort Lee, Virginia

Madigan Army Medical Center
Tacoma, Washington

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U. S. Navy

Naval Hospital Corps School
San Diego, California

Naval Medical Training Institute
Bethesda, Maryland

Naval Regional Medical Center
Portsmouth, Virginia

U. S. Air Force

USAF School of Health Care Sciences, Sheppard Air Force Base, Texas provides all Phase I (didactic) instruction. All other training sites listed for the U.S. Air Force provide Phase II (clinical) instruction in radiologic technology.

USAF School of Health Care Sciences
Sheppard Air Force Base
Wichita Falls, Texas

USAF Regional Hospital
Maxwell Air Force Base
Montgomery, Alabama

USAF Hospital
Elmendorf Air Force Base
Anchorage, Alaska

David Grand USAF Medical Center
Travis Air Force Base
Fairfield, California

USAF Hospital
March Air Force Base
Riverside, California

USAF Regional Hospital
Mather Air Force Base
Sacramento, California

USAF Academy Hospital
Air Force Academy
Colorado Springs, Colorado

USAF Hospital
Homestead Air Force Base
Florida City, Florida

USAF Regional Hospital
MacDill Air Force Base
Tampa, Florida

USAF Regional Hospital
Eglin Air Force Base
Valpariso, Florida

USAF Hospital
Lindsey Air Station
Wiesbaden, Germany

USAF Medical Center
Scott Air Force Base
Belleville, Illinois

USAF Regional Hospital
Chanute Air Force Base
Rantoul, Illinois

USAF Hospital
Tachikawa Air Base
Tokyo, Japan

Malcolm Grow USAF Medical Center
Andrews Air Force Base
Camp Springs, Maryland

USAF Medical Center
Keesler Air Force Base
Biloxi, Mississippi

Ehrling Berquist USAF Reg'l Hospital
Offutt Air Force Base
Bellevue, Nebraska

USAF Medical Center
Wright-Patterson Air Force Base
Dayton, Ohio

2792 USAF Hospital
Tinker Air Force Base
Oklahoma City, Oklahoma

USAF Hospital
Clark Air Base
Pampanga Province, Philippines

USAF Hospital
Torrejon Air Force Base
Madrid, Spain

USAF Regional Hospital
Carswell Air Force Base
Fort Worth, Texas

Wilford Hall USAF Medical Center
Lackland Air Force Base
San Antonio, Texas

USAF Regional Hospital
Sheppard Air Force Base
Wichita Falls, Texas

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RESPIRATORY THERAPIST*
AND
RESPIRATORY THERAPY TECHNICIAN

Respiratory therapy personnel perform procedures essential in maintaining life of seriously ill patients with respiratory problems; and they assist in the treatment of heart and lung ailments, such as cardiac failure, asthma, emphysema, cerebral thrombosis, hemorrhage and shock. Under medical supervision, the respiratory therapy technician administers various types of gas, aerosol, and intermittent-positive-pressure breathing treatments; assists with long-term continuous artificial ventilation; cleans, sterilizes and maintains respiratory therapy equipment; and maintains records of patient therapy. The respiratory therapist is usually engaged in similar tasks, but the preparation of the therapist leads to more extensive knowledge of anatomy, physiology, pharmacology and clinical medicine – designed to enable the therapist to exercise more judgment and accept greater responsibility in performing therapeutic procedures based on observations of patients.

The *Essentials of an Approved Educational Program for the Respiratory Therapy Technician and the Respiratory Therapist*, as revised in June 1972, provide for two levels of educational preparation – a one-year program for the preparation of respiratory therapy technicians and a two-year, or longer, program for the preparation of respiratory therapists. Applicants to the one-year program must be high school graduates or have equivalent training. The curriculum includes biological and physical sciences basic to understanding the functioning of the human breathing system – such as anatomy, physiology, medical terminology, chemistry, mathematics, microbiology and physics. Clinical training in routine and special procedures applicable to pediatric, adult, and geriatric patients is also provided.

Similar prerequisites are required for the two-year program for the respiratory therapist, which culminates in an associate or baccalaureate degree. In addition to more extensive courses in biological, physical and medical sciences, the program of study includes social sciences basic to understanding how to interrelate with patients – such as psychology, communication skills, and medical ethics.

Educational programs for respiratory therapists and respiratory therapy technicians are evaluated by the Joint Review Committee for Inhalation Therapy Education, which is co-sponsored by the American Association for Respiratory Therapy, the American College of Chest Physicians, the American Society of Anesthesiologists, and the American Thoracic Society. Graduates of AMA-approved technician training programs are eligible to take the certifying examination given by the Technician Certification Board of the American Association for Respiratory Therapy; and Graduates of programs for respiratory therapists are eligible to take the certification examination offered by the American Registry of Inhalation Therapists.

SPECIALIST IN BLOOD BANK TECHNOLOGY

The specialist in blood bank technology performs many of the functions generally attributable to medical technologists while assuming specialized responsibilities in a blood bank or transfusion unit. The specialist in blood bank technology interviews and screens prospective donors, takes and types blood samples, supervises the donation of whole blood, and supervises the processing and storage of whole blood and plasma to assure that it is instantly available as needed. In addition to performing many advanced immunohematological procedures in the medical laboratory unit, the specialist in blood bank technology may also serve as the supervisor of the unit, or as a teaching supervisor in an AMA-approved educational program for specialists in blood bank technology.

The *Essentials of an Approved Educational Program for Specialists in Blood Banking Technology* were adopted by the AMA House of Delegates in December, 1971. These *Essentials* specify that the educational program in blood banking must be a minimum of twelve months in length. Students in the program must be certified in medical technology by the ASCP Registry for Medical →

*Formerly "inhalation therapy technician"

Technologists or possess a baccalaureate degree in the biological or physical sciences and have at least one year of experience in the medical laboratory prior to enrollment. The curriculum should include both didactic and clinical instruction, and educational programs must be conducted in facilities acceptable to and/or accredited by the American Association of Blood Banks which conform to the methodology outlined in AABB's "Standards for Blood Banks and Transfusion Units."

Educational programs for specialists in blood bank technology are evaluated by the Committee on Education of the American Association of Blood Banks. The American Association of Blood Banks submits its recommendations for approval to the AMA Council on Medical Education through the National Accrediting Agency for Clinical Laboratory Sciences. Graduates of AMA-approved educational programs are eligible for certification as specialists in blood banking technology from the ASCP Registry of Medical Technologists. No military programs are currently approved.

UROLOGIC PHYSICIAN'S ASSISTANT

The urologic physician's assistant performs diagnostic and therapeutic services under the responsibility and direction of a urologist, to allow the urologist to extend his services more effectively. Tasks performed are directed toward transmission and execution of the urologist's orders, performance of patient care tasks, and performance of diagnostic and therapeutic procedures delegated by the urologist. The ultimate role of the urologic physician's assistant cannot be rigidly defined due to variations in practice requirements and geographic, economic, and sociologic factors.

The *Essentials of an Approved Educational Program for the Urologic Physician's Assistant*, as adopted by the AMA House of Delegates in June 1972, specify that the minimal length of the educational program should total two years. The curriculum should include a general education core (communication skills, sociology, psychology, business math, etc); a health careers core (chemistry, anatomy, physiology, physics, pathology, etc); and a urologic assisting core (physical diagnoses, emergency room procedures, cystoscopic room technique, clinical urology, urologic anatomy and physiology, etc).

Educational programs for urologic physician's assistants are evaluated by the Program Evaluation and Review Board of the American Urological Association.

Comparison of Civilian and Military Allied Medical Occupations

The chart provided on this and the following pages is an attempt to correlate civilian and military allied medical education occupations by occupational functions. The correlation does not and should not be interpreted as implying interchangeability of training or level of function and competency. Comparisons are based upon significant similarities of training and function, but the civilian and military programs each have characteristics not necessarily shared with the other. Occupations are listed alphabetically. Occupations for which educational programs are approved by the American Medical Association Council on Medical Education are listed in bold capital type.

Allied Medical Occupation	Military Occupations and/or Service Designation		
	U. S. Army	U. S. Navy	U. S. Air Force
ASSISTANT TO THE PRIMARY CARE PHYSICIAN	Physician's Assistant *Designation:* MOS-911A	Physician's Assistant *Designation:* HM-8422	Physician's Assistant *Designation:* 91770
CERTIFIED LABORATORY ASSISTANT	Medical Laboratory Specialist (Basic) *Designation:* MOS-92B20	Laboratory Technician (Basic) *Designation:* HM-8501	Medical Laboratory Specialist *Designation:* 90450
CYTOTECHNOLOGIST	Medical Laboratory Specialist (Advanced) *Designation:* MOS-92B2002	Cytotechnician *Designation:* HM-8504 Cytotechnologist *Designation:* HM-8505	Cytotechnology Specialist *Designation:* 90432
Dermatology Assistant		Dermatology Technician *Designation:* HM-8495	Allergy/Immunology Specialist/ Technician *Designation:* 91234/91274
Electrocardiograph Technician (ECG/EKG Technician)	Electrocardiograph Specialist *Designation:* MOS-91-N	Electrocardiograph Technician *Designation:* HM-8453	
ELECTROENCEPHALOGRAPHIC TECHNICIAN/TECHNOLOGIST	Electroencephalograph Specialist *Designation:* MOS-91F30	Electroencephalography Technician *Designation:* HM-8454	Neurology Specialist *Designation:* 90932
Emergency Medical Service Technician	Medical Aidman (Basic & Advanced Training) Special Forces Aidman *Designation:* MOS-91B4S	Hospital Corpsman *Designation:* HM-0000	Medical Services Specialist/ Technician *Designation:* 90250/90270 Aeromedical Specialist/ Technician *Designation:* 90150/90170

HISTOLOGIC TECHNICIAN	Medical Laboratory Specialist *Designation:* MOS-92B20 (basic) MOS-92B30 advance	Clinical Laboratory Technician *Designation:* HM-8417 basic HM-8503 advanced	Histopathology Specialist *Designation:* 90932
Licensed Practical Nurse (LPN)	Clinical Specialist *Designation:* MOS-91C	Hospital Corpsman *Designation:* HM-0000	Medical Service Technician *Designation:* 90270
MEDICAL ASSISTANT	Medical Corpsman (Basic) *Designation:* MOS-91A Medical Specialist *Designation:* MOS-91Z/91B	Medical Service Technician *Designation:* HM-8424	Medical Service Specialist/ Technician *Designation:* 90250/90270
Medical Illustrator		Medical Illustration Technician *Designation:* HM-8497	Medical Illustrator *Designation:* 22372
Medical Photographer		Medical Photography Technician *Designation:* HM-8472	Medical Photographer *Designation:* 23571
MEDICAL LABORATORY TECHNICIAN	Medical Laboratory Specialist *Designation:* MOS-92B30	Medical Laboratory Technician *Designation:* HM-8506	Medical Lab Specialist/Technic. *Designation:* 90450/90470
MEDICAL RECORD ADMINISTRATOR MEDICAL RECORD TECHNICIAN	Medical Records Specialist *Designation:* MOS-71G		Medical Administration Specialist/Supervisor *Designation:* 90650/90670
MEDICAL TECHNOLOGIST	Medical Lab Specialist *Designation:* MOS-92B30	Medical Technologist *Designation:* NOBC-0850/ HM-8415	Medical Laboratory Technician *Designation:* 90470
NUCLEAR MEDICINE TECHNICIAN/ TECHNOLOGIST		Clinical Nuclear Medicine Technician *Designation:* HM-8416	Nuclear Medicine Technician *Designation:* 90970
Nurse's Aide	Medical Corpsman *Designation:* MOS-91A Medical Specialist *Designation:* MOS-91B	Hospital Corpsman *Designation:* HM-0000	Medical Service Specialist *Designation:* 90250
OCCUPATIONAL THERAPIST	Occupational Therapist (Commissioned) *Designation:* MOS-3416	Occupational Therapist (Commissioned) *Designation:* NOBC-0855	
Occupational Therapy Assistant	Occupational Therapy Assistant *Designation:* MOS-91L	Physical & Occupational Therapy Technician *Designation:* HM-8466	Occupational Therapy Technician *Designation:* 91371

Allied Medical Occupation	Military Occupations and/or Service Designation		
	U. S. Army	U. S. Navy	U. S. Air Force
OPERATING ROOM TECHNICIAN	Operating Room Specialist *Designation:* MOS-91D	Operating Room Technician *Designation:* HM-8466	Operating Room Specialist/Tech. *Designation:* 90252/90272
Ophthalmic Assistant	EENT Specialist *Designation:* MOS-91U Optical Laboratory Specialist *Designation:* MOS-42E	Optical Technician *Designation:* HM-8462 EENT Technician *Designation:* HM-8484	Ophthalmology Surgical Technic. *Designation:* 91270 Optometry Specialist/Technician *Designation:* 91255/91275
ORTHOPAEDIC PHYSICIAN'S ASSISTANT	Orthopaedic Specialist *Designation:* MOS-91H Brace Specialist *Designation:* MOS-42C	Orthopaedic Cast Room Technician *Designation:* HM-8489	Orthopaedic Clinical Technician *Designation:* 91233/91273
Otolaryngology Assistant	EENT Specialist *Designation:* MOS-91U	EENT Specialist *Designation:* HM-8484	Otolaryngology Surgical Technic *Designation:* 91271
Pharmacist's Assistant	Pharmacy Specialist *Designation:* MOS-91Q	Pharmacy Technician *Designation:* HM-8494	Pharmacy Specialist *Designation:* 90550 Pharmacy Technician *Designation:* 90570
PHYSICAL THERAPIST	Physical Therapist-Commissioned *Designation:* MOS-3418	Physical Therapist-Commissioned *Designation:* NOBC-0873	
Physical Therapy Assistant	Physical Therapy Aide *Designation:* MOS-91J	Physical & Occupational Therapy Technician *Designation:* HM-8466	Physical Therapy Specialist/ Technician *Designation:* 91350/91370
RADIOLOGIC TECHNOLOGIST	X-Ray Specialist *Designation:* MOS-91P	Radiologic Technologist *Designation:* HM-8452	Radiology Specialist/Technician *Designation:* 90350/90370
RESPIRATORY THERAPIST			
RESPIRATORY THERAPY TECHNICIAN	Respiratory Specialist *Designation:* MOS-91V	Cardio-Pulmonary Technician *Designation:* 8408	Cardiopulmonary Lab Technician *Designation:* 91670
SPECIALIST IN BLOOD BANK TECHNOLOGY	Medical Laboratory Specialist (plus Course 311-F1 *Designation:* MOS-92B20M4		Medical Laboratory Specialist *Designation:* 90450
UROLOGIC PHYSICIAN'S ASSISTANT		Urologic Technician *Designation:* HM-8436	Urology Surgical Technician *Designation:* 91272

MILITARY ALLIED MEDICAL EDUCATION PROGRAMS

Military allied medical education has traditionally been designed to train medical corps personnel to a predetermined level of technical competency. The purpose of this section is to provide information on some of these programs (course titles and lengths, instructional objectives, and a summary of the curriculum). It is not an inclusive listing of all military allied medical educational programs, nor should it imply that the courses offered below are either approved by or equivalent to educational programs for which the AMA and its collaborating organizations have developed minimal educational *Essentials* for program approval. It is, rather, an attempt to describe briefly some of the major military allied medical educational programs which may produce competencies in service personnel which are transferable into civilian health care occupations.

Additional information on these and other military allied medical educational programs can be obtained by writing to the military representatives on the Subcommittee on Military Allied Medical Education, the Offices of the Surgeons General of the United States Army, Navy, and Air Force, or the directors of AMA-approved military allied medical educational programs. Military allied medical educational programs for clinical laboratory assistants, cytotechnologists, medical technologists, nuclear medicine technicians, physical therapists, physician's assistants, and radiologic technologists are approved by the AMA Council on Medical Education at a number of training locations. For locations of AMA-approved programs, see listing following this section of the *Compendium*.

U. S. Army Educational Programs for Allied Medical Occupations

Course Title: CLINICAL SPECIALIST

Length: 40 weeks

Objective: To train personnel to assist in the care and treatment of patients in hospitals, clinics, and other treatment facilities of the U.S. Army. Advanced training is offered to provide medical specialists with the competencies required to function as field medical assistants.

Scope

The basic training program includes anatomy and physiology, introduction to pharmacology, familiarization with neuropsychiatry, procedures and techniques of patient care, diagnostic and therapeutic procedures, and practical nursing procedures. Advanced training includes medical terminology, preventive medicine, emergency medical and dental care procedures, mass disaster casualty treatment, dispensary procedures, medical records and reports, and specialized instruction in prenatal, postnatal, and pediatric patient care. Clinical experience is provided.

. . .

Course Title: EYE, EAR, NOSE AND THROAT (EENT) SPECIALIST

Length: 12 weeks

Objective: To provide enlisted personnel with a knowledge of the general principles and techniques related to the care and treatment of the EENT patient which will enable the specialist to conduct audiometric and visual diagnostic tests; to administer prescribed medications; and to apply emergency first aid.

Scope

During the course, the students receive instruction in the identification and use of specialized instruments; the operation and maintenance requirements of EENT equipment; the procedures for preparing and maintaining a sterile field; the preparation of medical

cont'd→

records as they pertain to the EENT clinic; and the procedures for administering various audiometric and visual examinations. Direct practical experience is gained during the Phase II, nine-week portion of the course at selected hospitals in the Continental U.S.

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Course Title: MEDICAL CORPSMAN

Length: (Basic) 8 weeks

Objective: To provide training in basic and advanced techniques and procedures involved in the provision of medical care services in the field.

Scope

The training program stresses the basic principles of preventive medical care, field sanitation, and dispensary and sick call procedures. Studies include anatomy and physiology, principles of pharmacy, and the symptoms, causes and treatment of various diseases. Aidmen are taught diagnostic and emergency nursing procedures including bandaging and splinting, medical reports and record keeping, and supply inventory procedures. Some familiarization with neuropsychiatry is provided. Practical experience is included in the total program.

. . .

Course Title: MEDICAL LABORATORY PROCEDURES

Length: (Basic) 14 weeks; (Advanced) 50 weeks

Objectives: Basic Course provides enlisted personnel with a working knowledge of basic techniques and principles of medical laboratory procedures. Advanced Course is given to provide experienced enlisted laboratory personnel with a working knowledge of sophisticated medical laboratory technology and to provide them with the technical competence necessary to function as noncommissioned officers in charge of military medical laboratories.

Scope

The basic training program includes basic methodology and equipment used in hematology blood banking, clinical chemistry, parasitology, bacteriology, serology and urinalysis. The advanced student is given theoretical and practical instruction in histo-pathological techniques, cytology, virology, mycology, toxicology, laboratory supply, and advanced studies in hematology, immunohematology, clinical chemistry, immunology, parasitology, bacteriology, and urinalysis.

. . .

Course Title: MEDICAL RECORDS AND REPORTS

Length: 6 weeks

Objective: To train personnel to perform medical records administrative procedures and medical records clerical procedures.

Scope

The training program stresses the preparation, processing, and review of medical records and reports and general administrative record keeping procedures. Course studies include some familiarization with medical terminology. The total instructional program is structured to suite the type of medical service unit in which the individual will work.

. . .

Course Title: OPERATING ROOM PROCEDURES (BASIC) COURSE

Length: 12 weeks

Objective: To develop personnel with a working knowledge of sterilization procedures, sterile technique and patient care procedures practiced in an operating room and central material section.

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←U.S. Army Educational Programs (cont'd)

Scope

The program includes studies of anatomy and physiology, general surgical procedures, principles and asepsis and sterilization and how to assist the surgeon in surgery.

. . .

Course Title: PHARMACY SPECIALIST

Length: 17 weeks

Objective: To provide personnel with a knowledge of drugs, their sources, methods of preparation, uses, and doses which is sufficient to enable them to perform the duties of a pharmacy specialist.

Scope

During the course, the students receive instruction in hospital pharmacy practice, pharmaceutical chemistry, pharmaceutical calculations, physiology and pathology, pharmacology, and general pharmacy. Selected students receive more intense instruction on the principles of preparing sterile products. Instructional material is presented so that areas of instruction relate to each other as closely as possible. Direct practical experience is gained in the general pharmacy and hospital pharmacy laboratories.

. . .

Course Title: PHYSICAL THERAPY AIDE

Length: (Basic) 4 weeks

Objective: To train personnel to perform or assist in the performance of physical therapy procedures utilized during the treatment of patients.

Scope

The training program stresses the theoretical and practical aspects of physical therapy in relation to the treatment of medical, surgical, orthopaedic, and neurological patients in facilities of the U.S. Army. Studies include anatomy and physiology, clinical observation and practice, ethics, introduction to physical therapy, medical terminology, use and techniques of physical agents (hydrotherapy, phototherapy, electrotherapy), use and techniques of therapeutic activities (massage, traction, selected exercise procedures), and physical therapy as applied to medical and surgical conditions.

. . .

Course Title: RADIOGRAPHIC/X-RAY PROCEDURES AND TECHNIQUES

Length: 19 weeks

Objective: To train personnel in radiographic positioning techniques, the principles of radiographic exposure, and the operation of both fixed and portable X-ray equipment.

Scope

The training program includes studies of the appendicular and axial skeletal structures, biological effects of radiation, familiarization with internal anatomy, physiology, and applied physics relating to radiological practice. Instruction includes the elementary principles of X-ray machines, darkroom principles and techniques, radiographic positioning, applied lab exercises, foreign body localization, and electrical and radiational protection. The advanced course consists of practical laboratory experience including personnel management and radiographic administration, X-ray technical instructing, calibration of X-ray apparatus, variations of standard X-ray positioning, complex X-ray procedures, and advanced concepts of darkroom procedures, film evaluation, and assembly.

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←U.S. Army Educational Programs (cont'd)

Course Title: SPECIAL FORCES AIDMAN (AIRBORNE)

Length: 19 weeks

Objective: To train medical aidmen in the specialized procedures and techniques necessary to assume their duties and responsibilities as required in providing direct patient care services in the field and at special forces units providing medical care services.

Scope

The training program includes studies of the anatomical and physiological functions of the human body, familiarization with pharmacology, basic combat psychiatry, and the fundamentals of preventive medicine. Instruction is provided in etiology, symptomatology, and general treatment of both routine and emergency medical and surgical conditions; familiarization with laboratory procedures including urinalysis, hematology, microbiology, and parasitology; and nursing procedures. Special forces aidmen are also instructed in the principles of veterinary preventive medicine and animal care. Directed practical experience is included.

U. S. Navy Educational Programs for Allied Medical Occupations

Course Title: CARDIOPULMONARY TECHNIC

Length: 52 weeks

Objective: To provide instruction to the basic knowledge and skills necessary to assist in all phases of cardiac catheterizations, angiocardiography-arterial puncture studies, bronchography, and pulmonary function studies. Set up and maintain sterile field. Care of all instruments used.

Scope

The course includes instruction in detailed anatomy and physiology of the heart, lungs, and vascular system, electrocardiograph monitoring, pulmonary function, catheterization procedures, surgical technic, X-ray technic, purpose, methods and tabulation of tests, gas analyses, operation and maintenance of machines used.

. . .

Course Title: CLINICAL NUCLEAR MEDICINE TECHNIC

Length: 52 weeks

Objective: To train personnel to operate and maintain radioactive isotope therapy apparatus and assist the medical officer in preparing patients for and conducting radioactive isotope therapy.

Scope

The training program includes studies of mathematics as it relates to radiology, chemistry, basics of radiochemistry, nuclear physics, and health physics. Practical instruction in radiologic laboratory procedures is included. Clinical experience is provided.

. . .

Course Title: CYTOLOGY TECHNIC (BASIC)

Length: 12 weeks

Scope

The course includes instruction in the biology of the femal reproductive system, its influence on the appearance of exfoliated cells from the vaginal vault, abnormalities and disorders which affect vaginal cytology, and the techniques and methods of accessioning, filing, staining and preparing microscopic slides for examination. Works under the immediate supervision of a qualified cytotechnologist.

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←U.S. Navy Educational Programs (cont'd)

Course Title: CYTOTECHNOLOGIST

Length: 52 weeks

Scope

The course includes instruction in all aspects of cytopathology including cervical and vaginal, oral, urinary tract, respiratory, gastrointestinal, and other body fluids including the necessary techniques to obtain and prepare specimens for examination. Included is instruction in the anatomy physiology and histology of the areas mentioned, transudates and exudates, as well as basic cytogenetic principles and techniques.

. . .

Course Title: DERMATOLOGY TECHNIC

Length: 16 weeks

Objective: To provide instruction in the knowledge and skills required to prepare personnel to assist medical officers in all phases of care of patients and skin disorders.

Scope

The course includes instruction in bacteriology, serology, hematology, pathology and parasitology. General and special operating room procedures, recognition of the common dermatoses, carrying out of special dermatological treatment procedures, preparation of periodic reports and records and study of personnel relations, staff and patient.

. . .

Course Title: ELECTROCARDIOGRAPHY TECHNIC

Length: 8 weeks

Objective: Assists medical officer in conducting electrocardiograph examinations.

Scope

Prepares patients for testing, makes arithmetical calculations, records electrocardiograms, operates and maintains electrocardiograph.

. . .

Course Title: ELECTROENCEPHALOGRAPHY TECHNIC

Length: 26 weeks

Objective: Assists medical officer in conducting electroencephalography tests.

Scope

Prepares patients for examinations, assists in operating electroencephalography equipment to examine patients for organic brain diseases, records tests results, maintains electroencephalography equipment.

. . .

Course Title: EYE, EAR, NOSE AND THROAT TECHNIC

Length: 26 weeks

Objective: To provide instruction in the basic knowledge and skills required to assist the medical officer in the care and treatment of patients for eye, ear, nose and throat conditions.

Scope

Sets up and cares for instruments, including surgical and various equipments required for diagnosis and treatment, administers audiometry tests and is familiar with clerical procedures required in the various clinics; assists with preoperative and postoperative care of patients.

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←U.S. Navy Educational Programs (cont'd)

Course Name: HISTOLOGIC TECHNICIAN

Length: 4 weeks

Scope

The course includes instruction in routine accessioning techniques, records keeping, filing, tissue processing, preparation of stains, routine staining techniques, preparation, mounting and labeling of microscopic slides.

. . .

Course Name: LABORATORY TECHNIC

Length: 12 weeks

Scope

The course includes instruction in basic biology, laboratory mathematics, measurements and safety. General bacteriology, basic hematological determinations, blood groups and their typing. Serology, Biochemistry, routine and microscopic urinalyses. Purposes, preparation, and forwarding of tissue specimens. Introduction to parasitology.

. . .

Course Name: MEDICAL LABORATORY TECHNIC

Length: 50 weeks

Scope

The course includes instruction in clinical bacteriology, mycology, serology, hematology, parasitology, chemistry, toxicology, microscopy, blood donor processing and clinical blood banking. Strong emphasis is placed on quality control, records keeping, equipment maintenance and supply procedures, and the applications of automation and computerization in the clinical laboratory.

. . .

Course Name: MEDICAL REPAIR TECHNIC

Length: 48 weeks

Objective: To provide basic and advanced technical knowledge and skills required to prepare personnel for the duties of maintaining and repairing all types of medical equipment.

Scope

The course includes instruction in all aspects of electricity and electronics, maintenance management, preventive maintenance and reconditioning of medical equipment, trouble shooting, testing, adjustments, and calibrations. The physics, circuits, and controls of X-ray apparatus including mobile and field units.

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←U.S. Navy Educational Programs (cont'd)

Course Name: MEDICAL SERVICES TECHNIC*

Length: 36 weeks

Objective: To provide instruction in advanced principles and techniques required to perform duties relating to a medical department, ashore and asea, including patient care, first aid and emergency procedures, preventive medicine, industrial safety, and administrative duties, with emphasis on duty independent of a medical officer.

Scope

The training program includes medical history taking and physical examination techniques and procedures, advanced medical and surgical procedures, environmental sanitation and preventive medicine, principles of management, pharmaceutical mathematics, English composition, psychology, public speaking, clerical procedures, fiscal management, and supply management.

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Course Name: MEDICAL TECHNOLOGIST

Length: 50 weeks

Scope

The course includes instruction in diagnostic microbiology, parasitology, mycology, serology, hematology, clinical microscopy, clinical chemistry, automated procedures, quality control, blood banking, histochemistry, and complete urinalysis. Successful completion of the course leads to certification of eligibility for the Registry Examination conducted by the Board of Registry of Medical Technologists of the American Society of Clinical Pathologists.

. . .

Course Name: NEUROPSYCHIATRY TECHNIC

Length: 16 weeks

Objective: To provide instruction in the basic knowledge and skills required to assist in the care and treatment of neuropsychiatric patients.

Scope

Aids medical officer in administration of special neuropsychiatric therapy procedures; cares for patients in accordance with nursing methods; observes and reports symptoms and psychotic manifestations of mental patients; maintains neuropsychiatric ward and clinic equipment.

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**The Medical Services Technic course (class C) combines elements of direct patient care and administrative techniques and replaces the Class B Hospital Corpsman and Class C Medical Administrative Technic courses formerly offered by the U.S. Navy.*

Course Name: NUCLEAR SUBMARINE MEDICINE TECHNIC

Length: 30 weeks

Objective: To train personnel to provide or assist in the provision of primary medical care services aboard nuclear and conventional submarines.

Scope

The training program includes studies of health physics, radiobiology, and personal dosimetry. Instruction includes basic principles of dental diagnosis and treatment as well as medical diagnosis and treatment, psychology, minor surgical and first aid techniques, and related therapeutic procedures.

. . .

Course Name: OPERATING ROOM TECHNICIAN

Length: 26 weeks

Objective: To provide instruction in the basic knowledge and skills required to prepare and maintain operating room for surgery.

Scope

Selects, sterilizes, and lays out instruments and other supplies for surgical operations; passes instruments and otherwise assists in surgical operations; assists anesthetist in administering anesthetics, in giving artificial respiration, and in the use of resuscitators; makes minor repairs to, and otherwise maintains surgical equipment; prepares patients for surgical operations and gives nursing care to patients during and after surgery.

. . .

Course Name: PHARMACY TECHNIC

Length: 36 weeks

Objective: To provide instruction in the knowledge and skills required to prepare personnel to assist medical and pharmacy officers in the compounding and dispensing of pharmaceutical preparations.

Scope

The course includes instruction of principles of pharmacy, operative and dispensing pharmacy, pharmaceutical mathematics, compounding, inorganic and organic chemistry, basic pharmacology and toxicology, pharmacy administration.

. . .

Course Name: PHYSICAL AND OCCUPATIONAL THERAPY TECHNIC

Length: 26 weeks

Objective: To train personnel to assist the medical officer in administering physical therapy procedures.

cont'd→

← U.S. Navy Educational Programs (cont'd)

Scope

The training program includes studies of anatomy and physiology, physics, psychology and psychiatry, neurology, and principles of rehabilitation medicine. Instruction includes massage, electrotherapy, radiation therapy, hydrotherapy, therapeutic exercise, ceramics, leather, metal and textile work, weaving, woodwork, etc.

• • •

Course Name: PREVENTIVE MEDICINE TECHNIC

Length: 22 weeks

Objective: To provide instruction in the basic knowledge and skills required to assist medical officers in epidemiological and sanitation work. Conduct field collection, sampling and analysis of data on epidemic and endemic diseases; laboratory identification of animal parasites, and methods of control. Sanitary inspections.

Scope

The course includes instruction in bacteriology, immunology, mathematics, statistics, epidemiology, parisitology, entomology, military sanitation, disease vector control technic and the duties and services of civilian and public health organizations.

• • •

Course Name: RADIOLOGIC TECHNIC

Length: 52 weeks

Objective: To train personnel in the operation of medical X-ray equipment, the application of X-ray therapy, and in examination by fluroscope.

Scope

The training program includes mathematics as applicable to radiology, roentgenology, and radiographic technique; film, screen, and darkroom procedures; radiotherapy, radiation safety, radiation protection, photoflurography, and photodosimetry. Practical experience is provided.

• • •

Course Name: TRANSPLANTATION TECHNIC

Length: 34 weeks

Objective: To provide instruction in the basic skills and knowledge required to assist with the clinical transplantation of organs and tissues.

Scope

The course includes instruction in operating room techniques, tissue banking, transplantation surgery, bone marrow transplantation and hemodialysis.

• • •

Course Name: UROLOGIC TECHNIC

Length: 26 weeks

Objective: To provide instruction in basic knowledge and skills required to assist medical officer in examination and treatment of urological patients.

Scope

Operates and maintains urological equipment and appliances; performs urological equipment and appliances; performs urological X-ray procedures, prepares supplies, instruments, dressings and utensils for urological operations and treatments.

U. S. Air Force Educational Programs for Allied Health Occupations

Course Name: AEROMEDICAL SPECIALIST

Length: 7-9 weeks

Objective: To train airmen to provide primary medical care services during flight.

Scope

The training program includes basic studies of anatomy and physiology, oto-rhinolaryngology, neuropsychiatry, ophthalmology, preventive medicine, principles of aviation, internal and military medicine. Instruction includes routine nursing procedures under in-flight conditions.

. . .

Course Name: AEROMEDICAL TECHNICIAN

Length: 8-11 weeks

Objective: To train aeromedical specialists to provide and supervise in-flight primary medical care.

Scope

The training program provides advanced instruction in anatomy and physiology, oto-rhinolaryngology, neuropsychiatry, ophthalmology, and preventive medicine. Studies of pharmacology, radiology, radiobiology, and clinical dentistry are also included. Special training in air evacuation procedures and medical administrative technique is provided.

. . .

Course Name: MEDICAL ADMINISTRATIVE SPECIALIST

Length: 10 weeks

Objective: To train airmen to perform basic medical administrative functions in medical units under U. S. Air Force jurisdiction.

Scope

This course provides for the introduction and orientation to medical administration and general office administration to include: publications and forms, administrative communications and distribution of mail, documentation management, collection of fees for administrative services and preparation of vouchers for payment of civilian medical claims. It trains students in the theory and procedures incidental to admission and disposition of patients, compiling and reporting medical statistics, initiation and maintenance of medical records, movement of patients between medical treatment facilities and subsistence and medical service accounting. A large portion of the course is devoted to typing skill development. In addition to attaining a minimum proficiency of 25 new words per minute, each student receives instruction on formats for communications to include: medical forms, official letters, personal letters, electrical messages, memorandums, and medical reports.

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cont'd.→

←U.S. Air Force Educational Programs (cont'd.)

Course Name: EXECUTIVE HOSPITAL HOUSEKEEPER

Length: 3 weeks

Objective: To train medical administrative supervisors and plant managers in advanced hospital housekeeping techniques and procedures to provide the background necessary to assume administrative housekeeping responsibilities in any size medical facility under their jurisdiction.

Scope

This course provides training for medical personnel who are concerned with the control of microbial contamination of the hospital environment. Subjects cover surveillance of infections, surface and air sampling, dissemination of micro-organisms from humans, sanitary survey of the hospital and maximum attainable levels of cleanliness. It also includes instruction in housekeeping management, communications and human relations, budgeting and fiscal controls, environmental control, staff development and department programming.

. . .

Course Name: MEDICAL LABORATORY SPECIALIST

Length: 5/ weeks

Objective: To train airmen to perform routine laboratory procedures in medical units under U. S. Air Force jurisdiction.

Scope

The course includes introductory chemistry, clinical chemistry, microscopy, urinalysis, basic elements of preventive medicine, bacteriology, parasitology, histologic technic, hematology, serology, and provision of disaster medical care. Phase II instruction includes clinical application of theoretical instruction under supervised conditions.

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Course Name: MEDICAL LABORATORY TECHNICIAN

Length: 6 weeks

Objective: To train medical laboratory specialist in advanced laboratory techniques and procedures and provide background for the assumption of administrative responsibilities in laboratory facilities.

Scope

The course includes anatomy and physiology, pharmacology, preventive medicine, and the principles of laboratory administration and management. Instruction includes bacteriology, blood grouping and transfusions, basal metabolism, clinical chemistry, hematology, histological technique, parasitology, serology, virology, urinalysis, and lab supervision.

. . .

Course Name: MEDICAL RECORDS MANAGEMENT

Length: 4 weeks

Objective: To train medical administrative specialists to assume supervisory responsibilities in medical records departments.

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Scope

The Course provides instruction in the management of medical records departments. Instruction includes subjects in medical terminology, anatomy and physiology, review of medical records and forms for completeness and internal consistency, use of medical nomenclatures, assignment of statistical diagnostic and operative codes, compilation and use of statistical data from medical records, and the legal aspects of medical records.

. . .

Course Name: MEDICAL SERVICE SPECIALIST

Length: 10 weeks

Objective: To train airmen to assist medical officers in the examination and treatment of patients and to perform routine dispensary and clinical duties.

Scope

The course includes anatomy and physiology, oto-rhino-laryngology, pharmacology, preventive medicine, psychiatry and psychology, radiology, and surgery, and routine laboratory procedures. Elements of medical administration are also taught.

. . .

Course Name: MEDICAL SERVICE TECHNICIAN

Length: 13 weeks

Objective: To train medical service specialists in high-level technical and supervisory medical skills connected with the immediate care and treatment of patients.

Scope

The training program includes advanced studies in anatomy and physiology; the basic elements of the practice of medicine, surgery, and psychiatry; principles of pharmacology, preventive medicine, veterinary medicine, and dental care; psychiatric, surgical, and general nursing procedures, medical laboratory procedures, and medical administration. Specialized instruction in disaster medical care is also provided.

. . .

Course Name: RESCUE AND SURVIVAL TECHNICIAN (MEDICAL)

Length: 4 weeks

Objective: To train airmen to perform emergency medical treatment procedures in the field.

Scope

The training program includes studies of the basic elements of anatomy and physiology and instruction in physical examination procedures. Training is designed to prepare airmen to treat hemorrhage, shock, wounds, infections, thermal injuries, fractures, dislocation, respiratory distress, head and spinal cord injuries, emergency deliveries, poisoning, and disaster medical care needs.

AMA-APPROVED MILITARY ALLIED MEDICAL EDUCATIONAL PROGRAMS*

The following list identifies military educational programs for allied medical occupations which, as of January 1, 1974 have been approved by the AMA Council on Medical Education and its collaborating organizations. Training sites in each branch of the service are listed alphabetically by state. Names of the program for which approval has been granted are presented in italic. This listing does not and should not imply that all allied medical training offered at the training site is approved by the AMA and its collaborating organizations.

U.S. ARMY APPROVED PROGRAMS

Fitzsimons Army Medical Center
Denver, Colorado
Medical Technologist

Walter Reed Army Medical Center
Washington, D.C.
Medical Technologist

Tripler Army Medical Center
Honolulu, Hawaii
Medical Technologist

Academy of Health Sciences, USA
Ft. Sam Houston, Texas
Physical Therapist
Radiologic Technologist
Physician's Assistant

Brooke Army Medical Center
Ft. Sam Houston, Texas
Cytotechnologist
Medical Technologist

William Beaumont Army Medical Center
El Paso, Texas
Medical Technologist

U.S. NAVY APPROVED PROGRAMS

Naval Hospital Corps School
San Diego, California
Radiologic Technologist

Naval Hospital Corps School
Great Lakes, Illinois
Medical Technologist

Naval Medical Training Institute
Bethesda, Maryland
Medical Technologist
Clinical Nuclear Medicine Technician
Radiologic Technologist

Naval Regional Medical Center
Portsmouth, Virginia
Radiologic Technologist

U.S. AIR FORCE APPROVED PROGRAMS

David Grant USAF Medical Center
Travis Air Force Base
Fairfield, California
Certified Laboratory Assistant
Medical Technologist
Radiologic Technologist

USAF Academy Hospital
Colorado Springs, Colorado
Certified Laboratory Assistant
Radiologic Technologist

USAF Medical Center
Scott Air Force Base
Belleville, Illinois
Certified Laboratory Assistant
Radiologic Technologist

Malcolm Grow USAF Medical Center
Andrews Air Force Base
Camp Springs, Maryland
Certified Laboratory Assistant
Medical Technologist
Radiologic Technologist

USAF Medical Center
Keesler Air Force Base
Biloxi, Mississippi
Certified Laboratory Assistant

USAF Medical Center
Wright Patterson Air Force Base
Dayton, Ohio
Certified Laboratory Assistant
Radiologic Technologist

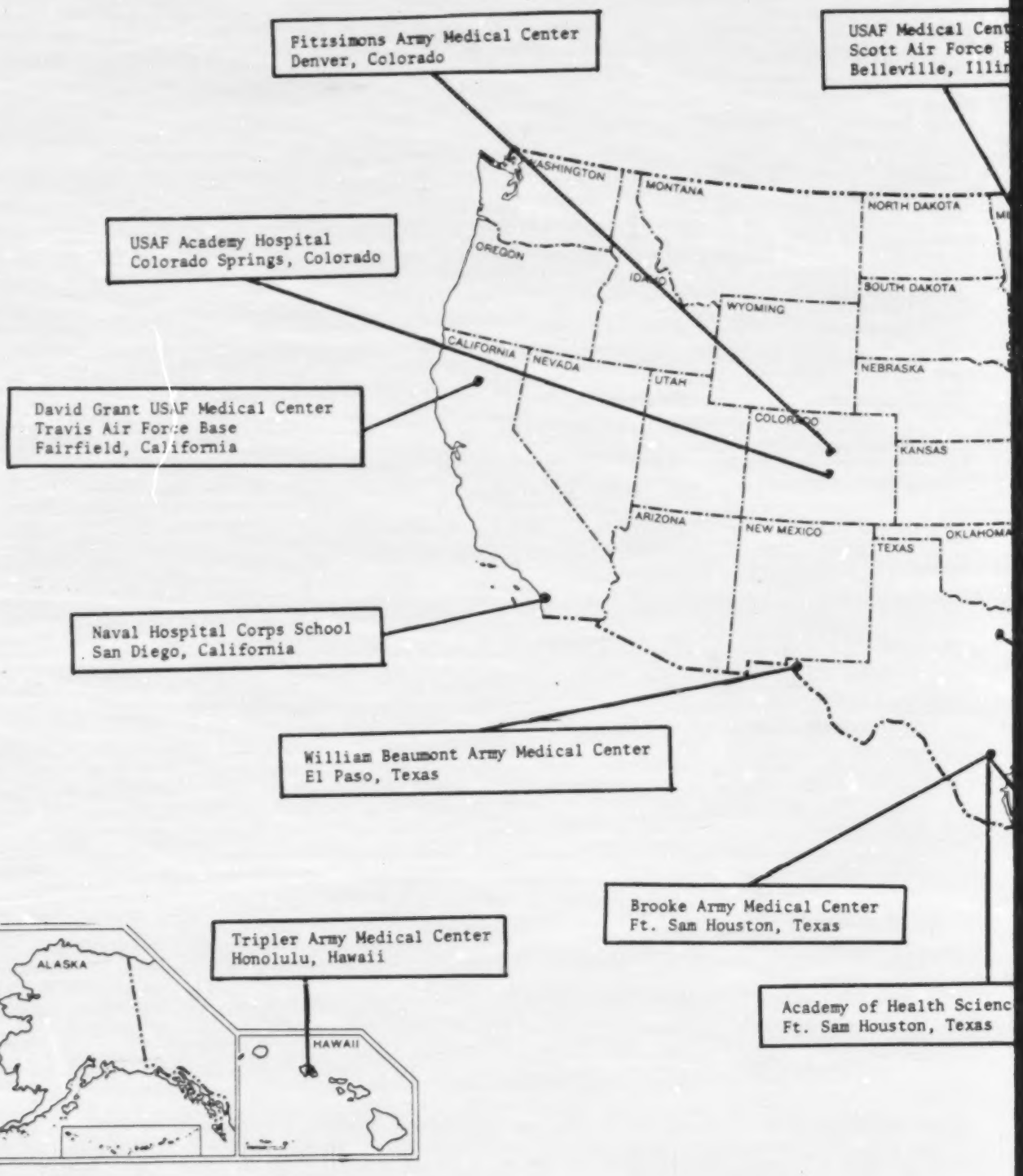
Sheppard Air Force Base
Wichita Falls, Texas

USAF Regional Hospital
Certified Laboratory Assistant
Radiologic Technologist

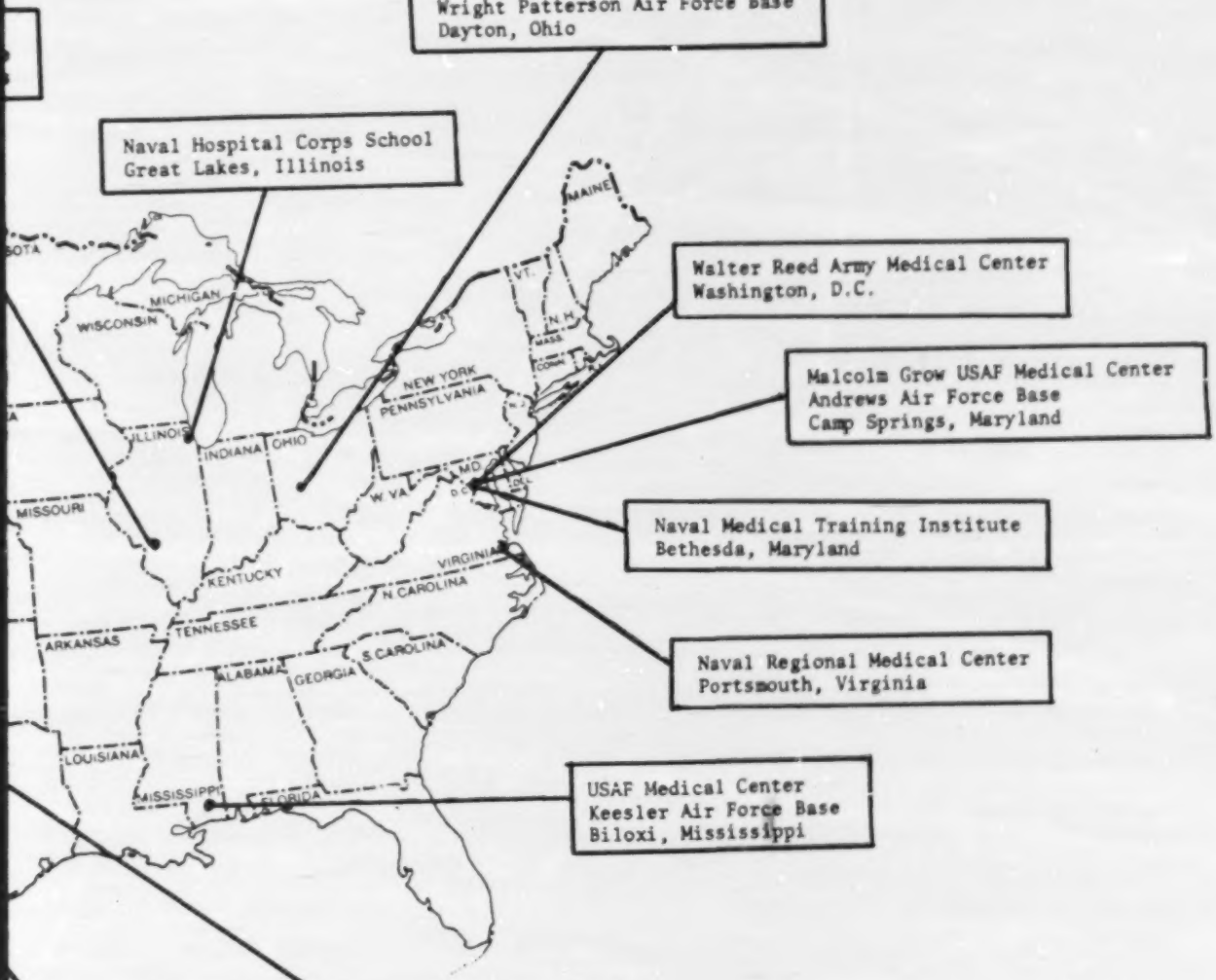
USAF School of Health Care Sciences
Certified Laboratory Assistant
Medical Technologist
Radiologic Technologist
Physician's Assistant

Wilford Hall USAF Medical Center
Lackland Air Force Base
San Antonio, Texas
Certified Laboratory Assistant
Medical Technologist
Radiologic Technologist

*Listing includes only those programs offering Phase I (didactic) instruction.


Fitzsimons Army Medical Center
Denver, Colorado
USAF Medical Cent
Scott Air Force
Belleville, Illi
USAF Academy Hospital
Colorado Springs, Colorado
David Grant USAF Medical Center
Travis Air Force Base
Fairfield, California
Naval Hospital Corps School
San Diego, California
William Beaumont Army Medical Center
El Paso, Texas
Brooke Army Medical Center
Ft. Sam Houston, Texas
Academy of Health Scienc
Ft. Sam Houston, Texas
Tripler Army Medical Center
Honolulu, Hawaii
WASHINGTON
MONTANA
NORTH DAKOTA
OREGON
IDAHO
WYOMING
SOUTH DAKOTA
CALIFORNIA
NEVADA
UTAH
NEBRASKA
COLORADO
KANSAS
ARIZONA
NEW MEXICO
TEXAS
OKLAHOMA
ALASKA
HAWAII

ILITARY ALLIED MEDICAL TRAINING SITES*



USAF Medical Center
Wright Patterson Air Force Base
Dayton, Ohio

Naval Hospital Corps School
Great Lakes, Illinois

Walter Reed Army Medical Center
Washington, D.C.

Malcolm Grow USAF Medical Center
Andrews Air Force Base
Camp Springs, Maryland

Naval Medical Training Institute
Bethesda, Maryland

Naval Regional Medical Center
Portsmouth, Virginia

USAF Medical Center
Keesler Air Force Base
Biloxi, Mississippi

Sheppard Air Force Base
USAF Regional Hospital
USAF School of Health Care Sciences
Wichita Falls, Texas

, USA

Wilford Hall USAF Medical Center
Lackland Air Force Base
San Antonio, Texas

*PROGRAMS OFFERING PHASE I (DIDACTIC) INSTRUCTION

Academic Credit for Military Allied Health Personnel

The military Medical Departments have developed arrangements with suitable academic institutions to grant academic credit to personnel who have successfully completed a militray allied health training program. This arrangement in some cases also assists the military training center to apply for and receive approval of its educational programs from the American Medical Association's Council on Medical Education and the collaborating organizations.

ARMY

The United States Army and Baylor University have entered into an agreement that makes it possible for students successfully completing selected enlisted courses at the Academy of Health Sciences, Fort Sam Houston, Texas, to obtain undergraduate credit. This agreement applies to 25 enlisted medical programs of instruction and encompasses 135 course offerings.

Students who attend these designed classes can be concurrently enrolled at Baylor University, if they desire, and thus become eligible to obtain a regular transcript of their credits to use as a permanent record of their educational experience.

The 25 accredited programs range from 4 semester hours credit for the Physical Therapy Aide program to 60 for the Medical Laboratory Procedures (Advanced) program. The latter, when coupled with the Medical Laboratory Procedures (Basic) course, will qualify the student for an Associate in Science Degree.

NAVY

The Navy Medical Department has an agreement with The George Washington University for the enrollment of students in Navy medical technical courses as students at the University. The latter evaluates the courses, assigns academic credits for them, keeps scholastic records on all students; and, when all required credits are obtained, grants an associate degree in an allied health specialty. For example, attendance at a Navy radiological technician school provides the student with 48 of the 60 credits required for an associate degree. The remaining 12 may be acquired in a number of ways. The University has a liberal policy of accepting transfer credits from other colleges and will grant credit for CLEP and USAFI courses so that the student, following the technical portion of his training, may complete degree requirements in a variety of ways. Courses which the student takes in an academic setting on his own time are subsidized.

AIR FORCE

The major training institution for allied health personnel in the Air Force is the School of Health Care Sciences, Sheppard AFB, Texas. This institution is affiliated with Midwestern University, Wichita Falls, Texas and the University of Nebraska, Omaha, Nebraska.

In addition to the above affiliations, all Allied Health students at the School of Health Care Sciences are enrolled with the Community College of the Air Force (CCAF).

The primary goal of CCAF is to integrate Air Force technical training and related college level education (off-duty) into consistent, meaningful patterns of career growth towards obtainable objectives. The heart of this effort is the Career Education Certificate (CEC) program. This program consists of eight main areas in which CCAF students may major. There are approximately 80 separate curriculum models, 20 of which are in the Health Care Sciences area. The CCAF Career Education Certificate is modeled after two-year associate degree programs of study, and while it is not a degree, it is felt that each program of study is equivalent to those programs available in the best vocational-oriented colleges and trade schools. Each CEC program consists of a minimum of 64 semester hours, divided among the following three areas:

1) The Technical requirements consisting of a minimum of 24 semester hours.

2) Related Education requirements consisting of a minimum of 25 semester hours.

3) Management and Military Science requirements consisting of a minimum of six hours.

The total requirement varies depending on the complexity of the particular career area and is defined in the CCAF General Catalog.

The CCAF transcript documents an Airman's education experiences creditable toward a CED and may be obtained free of charge from the CCAF. Individuals who do not choose to make the Air Force a lifelong career may take the transcript with them as documentation negotiable in civilian life as tangible evidence of military education and experiences creditable toward further education, licensure, certification, and/or placement in the civilian work force.

PROGRAMS AND PROJECTS FOR FORMER MEDICAL CORPSMEN

The programs and projects described on this and following pages are independent efforts on the part of the institutions and agencies identified to more effectively utilize former military personnel in the civilian health care delivery system. These projects have no formal connection with the AMA-DoD Subcommittee on Military Allied Medical Education. Requests for additional information should be directed to the source identified for each project.

COMMISSION ON ACCREDITATION OF SERVICE EXPERIENCES

The Commission on Accreditation of Service Experiences was established by the American Council on Education in December 1945 to assist adults to advance themselves educationally and vocationally through the evaluation of military educational experiences, the General Educational Development Testing Program, and the College Level Examination Program. This is accomplished by furnishing appropriate credit recommendations for such educational achievements to officials of civilian educational institutions, business and industrial organizations, and municipal, state, and federal agencies. From the time of its establishment, the Commission has directed its efforts to providing service through four major activities: the evaluation of military educational programs; the advisory service of the Commission; the policy direction and operation of the General Educational Development Testing Service of the American Council on Education, and the preparation and distribution of publications.

Evaluation of Military Educational Programs — This activity includes the evaluation of formal service school programs conducted by the various services and the evaluation of correspondence courses, organized group study courses, and independent study programs. Civilian educators, qualified at the level of instruction and in the fields of learning concerned, are asked by the Commission to serve as consultants to make evaluations. At least three consultants are asked to evaluate each training program and course in terms of academic credit. The Commission then makes credit recommendations based on their evaluations.

Advisory Services — The Commission carries on a continuing advisory service by means of correspondence and by personal staff representation at educational meetings and conferences throughout the country. During the first years of operation assistance was given primarily to secondary schools and institutions of higher learning. It now also provides assistance to graduate schools and community and junior colleges. In addition, the advisory service provides substantial assistance to personnel officers of business and industrial organizations and to appropriate officials of state and federal agencies.

General Educational Development (GED) Testing Service — The GED Testing Service (prior to July 1, 1963, known as the Veterans' Testing Service) of the American Council on Education operates under the policy direction and supervision of the Commission. The GED Testing Program enables a qualified adult to earn a high school credential issued primarily by state departments of education and, in a few states, also by high schools. The credentials issued by the departments of education are official documents that are accepted in the same manner as high school diplomas for meeting the requirements of high school graduation for employment and/or admission to college. The testing program is now administered by departments of education in all fifty states, the District of Columbia, American Samoa, the Canal Zone, Guam, Puerto Rico, the Trust Territory of the Pacific Islands, and five provinces of Canada — Manitoba, New Brunswick, Nova Scotia, Prince Edward Island, and Saskatchewan.

Publications — The Commission's work is implemented further by publications, including various bulletins and pamphlets, and a Newsletter which is published twice a year in May and December.

Additional information on the Commission's activities and concerns may be obtained by writing:

Mr. Jerry W. Miller, Director
Commission on Accreditation of Service Experiences
of the American Council on Education
One Dupont Circle, N.W.
Washington, D.C. 20036

Excerpted from: *Commission on Accreditation of Service Experiences: Purpose, History, Activities;* May, 1973; (Brochure distributed by the Commission).

MEDEX

[*médecin extension* = physician's extension]

MEDEX began in 1968 as a joint project of the University of Washington School of Medicine and the Washington State Medical Association's Education and Research Foundation. The demonstration project, funded by the National Center for Research and Development of the PHS National Institutes of Health (Dept. of HEW), enrolled fifteen former medical corpsmen with independent duty or independent duty qualified experience (Special Forces, Navy "B" Corpsmen, Army 91C series Corpsmen, etc.) and military service ranging from five to fifteen years. The training project consisted of three months of intensive instruction at the University followed by a twelve month preceptorship under the direction of pre-selected physicians in rural general practice. The objective of the demonstration project was to test the feasibility of utilizing former medical corpsmen to extend the capabilities and productivity of physicians by providing the physician with "another pair of skilled hands under his supervision and available to help him 24 hours a day, a person trained by and for a specific physician."[1]

Since completion of the demonstration project and inauguration of MEDEX as a continuing program of the University of Washington in Seattle, the MEDEX concept has been duplicated by eight additional medical schools throughout the country: The Charles R. Drew Postgraduate Medical School, Los Angeles, California; Dartmouth Medical School, Hanover, New Hampshire; University of North Dakota School of Medicine, Grand Forks, North Dakota; University of Hawaii, Honolulu, Hawaii; University of South Carolina, at Charleston, South Carolina; Howard University, Washington, D.C.; University of Utah College of Medicine, Salt Lake City, Utah; Pennsylvania State University, at Hershey, Pennsylvania.

The motivation behind the MEDEX concept is the belief that the Armed Forces represent a vast manpower pool of separated and/or retired military-trained health professionals whose capabilities have been virtually untapped by the civilian health care system. The demonstration project in Seattle has formed the conceptual model — i.e., a collaborative educational experience involving the potential users of MEDEX (the physician preceptors and State and local medical societies), the educators (through the sponsoring universities) and the students themselves in a combined effort to unite existing resources to meet growing needs for health care in a specific geographic area. In MEDEX, instruction is provided on a one-to-one basis and is individually tailored to complement each student's existing capabilities and the needs of the preceptor-physician. MEDEX and physicians are pre-matched before the program begins, and the objective of the preceptorship training phase is to train both the physician and his medex to function as a "team" in providing primary medical care to the patients of the physician.

MEDEX is a program designed specifically for former military medical corpsmen, although many programs also accept non-military personnel for training. At the present time, most programs limit enrollment to veterans with military training at least equivalent to independent duty status. These requirements vary according to the needs of the geographic area the program serves. It is suggested that inquiries concerning eligibility for and enrollment in MEDEX programs be directed to:

Communications Center for Allied Health Professionals
444 N.E. Ravenna Boulevard
Seattle, Washington 98115

-or-

Call toll-free: (800) 426-7784

The Communications Center serves as a clearinghouse for program applicants by evaluating their qualifications and referring them to the educational program best suited to their needs and interests. The Communications Center also maintains a pool of qualified applicants for all MEDEX programs who cannot be accepted at the time of application. The Center, under the direction of Mr. V.C. Cipriano, can also supply information on the MEDEX training concept to interested individuals and/or agencies.

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[1] *MEDEX, Richard A. Smith, M.D.; JAMA, March 16, 1970 • Vol. 211, No. 11, pps. 1843-45.*

OPERATION "MEDIHC"

[Military Experience Directed Into Health Careers]

Operation "MEDIHC" is jointly sponsored by the Department of Defense and the Department of Health, Education, and Welfare. Its sole objective is to assist separating servicemen and women with previous training and experience in military medical corps in obtaining employment and/or additional education in the civilian health services system.

In fulfilling this objective, Operation "MEDIHC" performs two functions: (1) Locating suitable jobs for former servicemen who, through their military training, are qualified for immediate employment by civilian hospitals and institutions; and (2) Assisting other former "medics" in obtaining any additional education and/or training that is either necessary or desired to perform specific functions in a civilian health occupation. Through this process, Operation "MEDIHC" endeavors to build upon military "medic" training and experience to improve health care availability for the civilian population in the United States.

A serviceman's first contact with MEDIHC will be initiated by the Department of Defense. A "Transition Officer" designated at military medical installations of the Army, Navy, and Air Force will contact medical corpsmen who are scheduled to be discharged within three to six months. If the serviceman indicates that he is interested in employment in health care upon his return to civilian life, he will be asked to complete a "Qualification/Referral Form" and return it to his transition officer before he is discharged.

The Qualification/Referral Form is forwarded to the appropriate State MEDIHC Agency. The form asks the serviceman to provide details of his training experience in the military, his service designation at the time of separation, his interests in allied health, and the area to which he will be returning and in which he would like to be employed. The State MEDIHC Agency maintains continual communication with educational and employment resources in the State and, as the particular skills, interests, and future plans of the former corpsmen become known, refers them to the schools or employers who can best suit their needs and interests.

MEDIHC emphasizes that its purpose is to find "meaningful" employment for former medical corps personnel, and that it does not mean employment as "nurses aides, orderlies, and other such jobs" which have been traditionally available to former medics.[1] Military medics have typically performed extremely responsible functions in saving lives and in caring for the general health of servicemen and their dependents. MEDIHC recognizes this, and works with hospitals and health agencies who will use discharged military personnel in positions where they can use their talents to the fullest, derive personal job satisfaction from their responsibilities, and make a meaningful contribution to both the personnel needs of the health care settings in which they work and the community in which they live.

State MEDIHC coordinators have been appointed in all States and several U.S. Territories. A listing of these state coordinators is provided on the following pages. During 1971, almost 11,000 inquiries and requests for assistance were received by these offices. The AMA cooperates with this project by supplying state offices and military installations with appropriate information of education for allied health occupations, and by referring inquiries from former servicemen to the appropriate MEDIHC office.

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[1] *"Operation MEDIHC", 9/71; U.S. Department of Health, Education, and Welfare; Public Health Service, National Institutes of Health. Bulletin #GPO 918-224.*

STATE MEDIHC AGENCIES

ALABAMA

Regional Technical Institute, School
of Community and Allied Health
Resources
University of Alabama
Brimingham, Alabama 35294
Mr. Thompson T. Abercrombie
Phone: (205) 934-4194

ALASKA

Alaska Health Manpower Corporation
Suite 1
1135 West 8th Avenue
Anchorage, Alaska 99501
Miss Laura J. Pate
Phone: (907) 274-4619

ARIZONA

Arizona Hospital Association
635 West Indian School Road
Suite 110
Phoenix, Arizona 85013
Mr. Greg Moore
Phone: (602) 279-1614

ARKANSAS

State College of Arkansas
School of Health Sciences
SCA Box 1744
Conway, Arizona 72032
Dr. Jefferson D. Farris
Phone: (501) 329-2931 Ext. 212

CALIFORNIA

Department of Public Health, Bureau
of Health Education
2151 Berkeley Way
Berkeley, California 94704
Mrs. Lois Keppard
Phone: (415) 843-7900 Ext. 281

CONNECTICUT

State Health Department
640 Chapel Street
New Haven, Connecticut 06510
Mr. Henry J. Miller
Phone: (203) 865-0862

DELAWARE

Association of Delaware Hospitals, Inc.
5 East Reed Street
Dover, Delaware 19901
Mr. John E. Crocenzi
Phone: (302) 674-2863

DISTRICT OF COLUMBIA

D. C. Manpower Administration
500 "C" Street, Northwest
Room 215
Washington, D. C. 20212
Mr. James A. Jackson
Phone: (202) 393-6151

FLORIDA

Department of Commerce
800 Twiggs Street
Tampa, Florida 33602
Mr. Willian F. Berard
Phone: (813) 223-6244

GEORGIA

Division of Student Affairs
Medical College of Georgia
Augusta, Georgia 30902
Mr. James L. McLeod
Phone: (404) 724-7111 Ext. 338

HAWAII

Comprehensive Health Planning
State Health Department
P. O. Box 3378
Honolulu, Hawaii 96801
Mr. Dick Nagata

IDAHO

Idaho Hospital Association
P. O. Box 7482
Boise, Idaho 83707
Mr. John Shindledecker
Phone: (208) 336-1500

ILLINOIS

Illinois Hospital Association
840 North Lake Shore Drive
Chicago, Illinois 60611
Mr. Joseph J. Foley
Phone: (312) 664-9500

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INDIANA

Indiana Health Careers, Inc.
2905 North Meridian Street
Indianapolis, Indiana 46208
Mr. Robert Hammond
Phone: (317) 923-3625

IOWA

Iowa State Department of Health
Lucas State Office Building
Des Moines, Iowa 50319
Mr. Donald Anderson
Phone: (515) 281-5771

KANSAS

Kansas Hospital Education Foundation
P. O. Box 417
Topeka, Kansas 66601
Mr. Larry K. Shaffer
Phone: (913) 234-9592 Ext. 217

KENTUCKY

Health Careers in Kentucky
1415 St. Anthony Place
Louisville, Kentucky 40204
Mr. Warren C. Smith
Phone: (502) 584-6261

LOUISIANA

Louisiana State Hospital Association
2026 St. Charles Avenue
Suite 701
New Orleans, Louisiana 70130
Mrs. Bertha Ring
Phone: (504) 525-9833

MAINE

Comprehensive Health Planning
221 State Street
Augusta, Maine 04330
Mr. William Carney
Phone: (207) 289-2606

MARYLAND

State Department of Health and
Mental Hygiene
301 West Preston Street
Room 1309
Baltimore, Maryland 21201
Mr. Tom E. Moses
Phone: (301) 383-3159 or 4046

MASSACHUSETTS

Massachusetts Hospital Association
5 New England Executive Park
Burlington, Massachusetts 01803
Mr. George T. Card
Phone: (617) 272-8000 Ext. 229

MICHIGAN

Bureau of Manpower Services, MESC
7310 Woodward Avenue
Detroit, Michigan 48202
Mr. Robert E. Golinski
Phone: (313) 872-4900 Ext. 558

MINNESOTA

Department of Manpower Services, MSES
390 North Robert Street
St. Paul, Minnesota 55101
Miss Nancy Stoeffel
Phone: (612) 296-3680

MISSISSIPPI

Office of Comprehensive Health Planning
Walkins Building - Suite 100
510 George Street
Jackson, Mississippi 39202
Mr. Robert Denson
Phone: (601) 354-7621

MISSOURI

University of Missouri
429 Clark Hall
Columbia, Missouri 65201
Dr. Lynn Martin
Phone: (314) 882-3021

MONTANA

Montana Hospital Association
P. O. Box 543
Helena, Montana 59601
Mr. William E. Leary
Phone: (406) 442-1911

NEBRASKA

State Health Department
Lincoln Building
1003 "O" Street
Lincoln, Nebraska 68508
Mr. Franklin Harris
Phone: (402) 471-2101

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NEVADA

Nevada Hospital Association
1450 East Second Street
Reno, Nevada 89502
Miss Cathy Mack
Phone: (702) 322-6805

NEW HAMPSHIRE

New Hampshire Health Careers Council
61 South Spring Street
Concord, New Hampshire 03301
Mrs. Elizabeth Natti
Phone: (603) 224-5061 or 271-2775

NEW JERSEY

The Hospital Research and Educational Trust of New Jersey
1101 State Road
Research Park
Princeton, New Jersey 08540
Mr. Thomas Gallagher
Phone: (609) 924-4125

NEW MEXICO

New Mexico Hospital Association
3010 Monte Vista Boulevard, Northeast
Suite 208
Albuquerque, New Mexico 87106
Mr. Clayton Cox
Phone: (505) 265-3686

NEW YORK

Veterans Health Manpower Center
84 Holland Avenue
Albany, New York 12208
Mr. John Meany
Phone: (518) 474-5057

NORTH CAROLINA

North Carolina Hospital Association
P. O. Box 10937
Raleigh, North Carolina 27605
Mr. Richard Beauchaine
Phone: (919) 833-8508

NORTH DAKOTA

State Department of Health
Bismark, North Dakota 58501
Mr. Robert Pearson
Phone: (701) 224-2894

OHIO

Health Careers of Ohio
P. O. Box 5574
Columbia, Ohio 43221
Mrs. Monica Brown
Phone: (614) 422-9566

OKLAHOMA

Oklahoma Council for Health Careers
836 Northeast 15th Street
Oklahoma City, Oklahoma 73104
Mr. Floyd Nicholson
Phone: (405) 271-5739

OREGON

Employment Division
402 Labor and Industries Building
Salem, Oregon 97310
Mr. William A. Hoffmann
Phone: (503) 378-8465

PENNSYLVANIA

Hospital Educational and Research Foundation of Pennsylvania
P. O. Box 608
Camp Hill, Pennsylvania 17011
Mrs. Evan Porter
Phone: (717) 233-7621

PUERTO RICO

Department of Health
Ponce de Leon Avenue
San Juan, Puerto Rico 00908
Dr. Carlos E. Nater
Phone: (809) 722-4987

RHODE ISLAND

State Department of Health
State Office Building
Providence, Rhode Island 02903
Mr. Robert E. Flaherty
Phone: (401) 277- 2312

SOUTH CAROLINA

Office of Comprehensive Health Planning
2600 Bull Street
Columbia, South Carolina 29201
Mr. S. J. Ulmer, Jr.
Phone: (803) 758-5537

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SOUTH DAKOTA

State Department of Health
Office Building 2
Pierre, South Dakota 57501
Mr. Ed Kellar
Phone: (605) 224-8685

TENNESSEE

Office of Comprehensive Health Planning
Capitol Hill Building
7th and Union
Room 326
Nashville, Tennessee 37219
Mr. Richard E. Cochran
Phone: (615) 741-2978

TEXAS

School of Public Health
P. O. Box 20186
Astrodome Station
Houston, Texas 77025
Dr. Fay Hemphill
Phone: (713) 741-0400 Ext. 76

UTAH

Office of Comprehensive Health Planning
243 East 400 South
Salt Lake City, Utah 84111
Mr. J. Donald West
Phone: (801) 328-5525

VERMONT

Health Careers Council of Vermont
10 South Main Street
P. O. Box 177
Randolph, Vermont 05060
Mr. Felton Goudey
Phone: (802) 728-5025

VIRGIN ISLANDS

Departmental Personnel Officer
Bureau of Personnel
Department of Health
P. O. Box 1442
St. Thomas, Virgin Islands 00801
Mr. Joseph Moorhead

VIRGINIA

Virginia Employment Commission
P. O. Box 1358
Richmond, Virginia 23211
Mr. David Decker
Phone: (804) 770-4094

WASHINGTON

State Employment Security
P. O. Box 367
Olympia, Washington 98504
Mr. Glenn D. Wahlers
Phone: (206) 753-5212

WEST VIRGINIA

Department of Employment Security
4407 Mac Corkle Avenue
Charleston, West Virginia 25304
Mr. Terry Barron
Phone: (304) 348-7857

WISCONSIN

Wisconsin Health Council, Inc.
330 East Lakeside
Box 1109
Madison, Wisconsin 53701
Mr. Craig A. Piernot
Phone: (608) 257-6781

WYOMING

Wyoming Hospital Association
1400 Hugur Avenue
Box 3390
Cheyenne, Wyoming 82001
Mr. Albert B. McDonald
Phone: (307) 632-9344

PROJECT "VEHTS"

[Versatile Employment for Health-Trained Servicemen]

Project VEHTS, a demonstration project conducted by Robert R. Nathan Associates in cooperation with Cook County Hospital in Chicago, Illinois and supported by the Manpower Administration of the U.S. Department of Labor, was designed to show how civilian hospitals can recruit and use most effectively the thousands of medically-trained veterans who are released annually by the Armed Forces.

With a gradual build-up since the mid-sixties, the peak of military medical separations was reached in fiscal year 1970 when more than 40,000 medically-trained enlisted personnel were released from active duty. The end of the draft and the changing character and force strength of a peace-time, volunteer service will reduce the number of medics returning to civilian life. Nonetheless, 20,000 to 25,000 medically-trained servicemen will probably be released each year, assuming a military establishment of 2.3 million on active duty, the level as of June 30, 1973.

In seeking to channel this manpower source, Project VEHTS identified two major problems that hospitals have in recruiting and placing veterans: (1) The characteristics of military men, particularly their non-traditional and unaccredited training and experience and their geographic dispersement upon completion of their service obligation; and (2) Organizational and management characteristics of civilian hospitals, especially in their personnel systems. In the hospital setting, personnel activities are often conducted at the department level, creating multiple hiring authorities. Furthermore, the overall lack of knowledge of the civilian sector concerning military medical training and clinical experiences impedes effective veteran placement and utilization.

To help overcome these handicaps, Robert R. Nathan Associates has prepared a special veteran's supplement to the hospital personnel application form and a Medical Veteran Utilization Manual for hospital policy-makers, administrators and personnel officers that describe steps and procedures to follow in recruiting, hiring and utilizing veterans. A report of the demonstration project at Cook County Hospital, containing an annotated bibliography, has also been published.

For the most part, Cook County Hospital hired veterans to fill administrative and technician positions at annual income ranging from a low of $5,200 to a high of $13,404 with a median salary of $8,500. They were not offered the option of professional or subprofessional nursing roles despite the demand for nursing staff at Cook County Hospital. Salary levels were significantly lower among those veterans who were discharged, furloughed or quit after being hired, who averaged $5,700 annual earnings, than among those who remained in employment, who received an average annual income of $10,000. The Project VEHTS experience confirms the importance of attractive jobs at adequate salary levels to interest and keep medically-trained veterans in civilian health jobs.

The credential barrier that bars veterans from better jobs is being breached: some professional associations are certifying veterans on the basis of military training and experience or are allowing medics to take the certification exams; proficiency exams, are being developed in several allied health fields and will provide an alternative credentialing mechanism for the veteran; and the AMA has accredited a number of military educational health programs.

Copies of the Project VEHTS report, the Medical Veteran Utilization Manual or other information about Project VEHTS should be requested from:

Mrs. Harriet M. Kriesberg
Robert R. Nathan Associates
1200 18th Street, N.W.
Washington, D.C. 20036

Phone: (202) 833-2200

SERVICEMEN'S OPPORTUNITY COLLEGE

A Servicemen's Opportunity College (SOC) is a community or junior college that recognizes the need to aid servicemen and women in quest of educational goals. Generally, in order to meet this need, an SOC will (1) have an admissions policy that is related to the life conditions of the serviceman, (2) eliminate seemingly artificial barriers, such as residency requirements, which hinder educational progress of the serviceman and (3) provide special services and programs to meet the special needs of servicemen.

In order to qualify as a Servicemen's Opportunity College, an institution must subscribe to ten criteria, embracing virtually every concern a serviceman might have regarding his education, which were copperatively developed by community college educators and educational leaders from the Department of Defense and each Military Service. These ten basic criteria include liberal entrance requirements; opportunities to pursue educational program within non-traditional time frames; opportunities to complete courses through special or non-traiditional modes when education is interrupted by military obligations; maximun credit for educational experiences in the Armed Services, adaptable residency requirements; liberal transfer policy; advisory council to aid liaison with the Armed Services; public promotion of its SOC policies; and a willingness to maintain commitments to servicemen previously enrolled should the institution discontinue its status as a Servicemen's Opportunity College.

Additional information and a listing colleges that qualify as SOC's be obtained by writing:

Lee J. Betts, Assistant Director
Program for Servicemen and Veterans
American Association of Community & Junior College
One Dupont Circle, N.W.
Washington, D.C. 20036

EMPLOYMENT OF FORMER MEDICAL CORPSMEN IN MEDICAL FACILITIES OF THE U.S. GOVERNMENT

The Federal Government of the United States conducts the largest health care delivery system in the country. Through hospitals and health care facilities under the jurisdictions of the Veterans Administration and the U.S. Public Health Service, governmental employees provide medical and dental services to millions of patients per year in each of the fifty states. The Veterans Administration alone encompasses approximately 167 hospitals, 202 clinics, and 65 nursing homes, through which it provides care to about 85,000 people per day! To meet these requirements, the U.S. Government must maintain a large health manpower force.

Employees in government institutions must qualify under the U.S. Civil Service Commission. The Commission is responsible for determining policy and standards for the hiring of allied health personnel, administration of examinations to applicants, and maintenance of a pool of qualified applicants for occupational openings. These 'registers' comprise a manpower pool from which government employees are selected. In some cities and states, the federal registers are also used to fill position in city, county, or state administered medical facilities.

The U.S. Government has always been a primary employer of former military medical personnel, and has, in fact, actively sought military veterans. Veterans are given preference by the U.S. Civil Service Commission in examinations, appointments, and retention of service. Former servicemen who establish this 'veterans preference' with the Commission and successfully complete their qualification examination receive a "bonus" of from five to ten points added to the test results. Full credit is given for the training and experience afforded the veteran in the Armed Forces and, if the serviceman was employed in health care prior to military service, his term of service may be considered as an extension of his civilian experience in health care.

The U.S. Civil Service Commission, the Veterans Administration, and the Public Health Service cooperate in helping recently discharged medical corps veterans. If a Viet Nam era veteran

has less than 14 years of formal schooling, a federal facility or agency may hire him without requiring completion of a civil service examination if he agrees to participate in a program of education and training after commencement of his employment. Veterans are eligible for this "Veterans Readjustment Appointment" for grades GS-1 through GS-5 for a period not to exceed one year following discharge for the service or one year after release from hospitalization following discharge.

Federal government institutions employ and need all types of allied health professionals, and allied health educational programs are offered by many VA and PHS facilities for nearly all of the occupations under the Council on Medical Education's addcreditation purview. Information of these and other accredited programs can be obtained by writing the AMA Department of Allied Medical Professions and Services (535 North Dearborn, Chicago, Illinois 60610).

Information on job opportunities, employment requirements, dates and locations of civil service examinations can be obtained by contacting any local office of the U.S. Civil Service Commission or by writing:

U.S. Civil Service Commission
1900 "E" Street, N.W.
Washington, D.C. 20415

Information on benefits available to veterans to help them continue their education or find employment within the system should be requested from:

Veterans Administration
Allied Health Section
Bureau of Medicine and Surgery
Washington, D.C. 20202

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Collaborating Organizations

The Council on Medical Education of the American collaborates with:

1. American Academy of Family Physicians
2. American Academy of Orthopaedic Surgeons
3. American Academy of Pediatrics
4. American Association of Respiratory Therapy
5. American Association of Blood Banks
6. American Association of Medical Assistants
7. American College of Chest Physicians
8. American College of Physicians
9. American College of Radiology
10. American College of Surgeons
11. American Electroencephalographic Society
12. American Hospital Association
13. American Medical Electroencephalographic Association
14. American Medical Record Association
15. American Occupational Therapy Association
16. American Physical Therapy Association
17. American Society for Medical Technology
18. American Society of Anesthesiologists
19. American Society of Clinical Pathologists
20. American Society of Electroencephalographic Technologists
21. American Society of Internal Medicine
22. American Society of Radiologic Technologists
23. American Thoracic Society
24. American Urological Association
25. Association of Operating Room Technicians
26. Association of Operating Room Nurses
27. Society of Nuclear Medicine Technologists
28. Society of Nuclear Medicine

Accreditation of allied medical educational programs is a collaborative process; *Essentials* are developed and endorsed by the allied health and/or specialty societies concerned with a particular occupation and submitted to the Council on Medical Education for adoption by the AMA House of Delegates. Educational programs are approved by the Council on Medical Education on the recommendation of review committees appointed by the collaborating organizations. The Council's Advisory Committee on Education for the Allied Health Professions and Services advises the Council on matters concerning allied medical education; a Panel of Consultants consisting of representatives of the collaborating organizations provides consultation to the Advisory Committee and Council on Medical Education in matters concerning allied medical education.

AMA Approved Educational Programs in Allied Health Occupations

Allied Health Occupation	No. of Programs 12-1-73	Student Capacity 10-1-73	1972 Student Data Enrollment	Graduates
1. Assistant to the Primary Care Physician	39	+	1,212	249
2. Clinical Laboratory Asst. (Certified)	175	2,494	2,084	1,761
3. Cytotechnologist	109	651	369	274
4. Electroencephalographic Technician	*	*	*	*
5. Electroencephalographic Technologist	*	*	*	*
6. Histologic Technician	17	96	86	33
7. Medical Assistant	55	3,759	1,936	1,964
8. Medical Assistant in Pediatrics	1	*	*	*
9. Medical Laboratory Technician	5	77	39	+
10. Medical Record Administrator	30	735	621	272
11. Medical Record Technician	37	1,100	1,087	271
12. Medical Technologist	734	8,890	6,187	5,256
13. Nuclear Medicine Technician	53	408	219	109
14. Nuclear Medicine Technologist				
15. Occupational Therapist	40	**	1,489	937
16. Operating Room Technician	*	*	*	*
17. Orthopaedic Physician's Assistant	8	176	126	37
18. Physical Therapist	66	**	2,978	1,652
19. Radiation Therapy Technologist	41	193	70	78
20. Radiologic Technologist	1,109	13,143	16,161	6,346
21. Respiratory Therapist	132	**	2,815	906
22. Respiratory Therapy Technician	1	+	+	+
23. Specialist in Blood Bank Technology	58	167	77	86
24. Urologic Physician's Assistant	1	16	+	+
	2,711	32,175	37,556	20,231

**Essentials* adopted; programs under evaluation; approval pending
**Student capacity not determined
+Not available

REVIEW COMMITTEES

The collaborating organizations draft and approve *Essentials* and revisions, and sponsor review committees which review educational programs applying for accreditation.

REVIEW COMMITTEE-COLLABORATING ORGANIZATIONS	ALLIED HEALTH OCCUPATION
1. Accreditation Committee American Occupational Therapy Association	Occupational Therapist
2. Committee on Accreditation in Basic Education American Physical Therapy Association	Physical Therapist
3. Committee on the Training of the Orthopaedic Physician's Assistant American Academy of Orthopaedic Surgeons	Orthopaedic Physician's Assistant
4. Curriculum Review Board American Association of Medical Assistants	Medical Assistant
5. Education and Registration Committee American Medical Record Association	Medical Record Administrator Medical Record Technician
6. Joint Review Committee on Educational Programs for the Assistant to the Primary Care Physician American Academy of Family Physicians American College of Pediatrics American College of Physicians American Society of Internal Medicine Physician's Assistant Members-at-Large	Assistant to the Primary Care Physician
7. Joint Review Committee for Inhalation Therapy Education American Association for Respiratory Therapy American College of Chest Physicians American Society of Anesthesiologists American Thoraric Society	Respiratory Therapist Respiratory Therapy Technician
8. Joint Reivew Committee on Educational Programs for the Medical Assistant in Pediatrics American Academy of Pediatrics American Association of Medical Assistants	Medical Assistant in Pediatrics
9. Joint Review Committee on Educational Programs in Nuclear Medicine Technology American College of Radiology American Society of Clinical Pathologists American Society for Medical Technology American Society of Radiologic Technologists Society of Nuclear Medicine Society of Nuclear Medicine Technologists	Nuclear Medicine Technician Nuclear Medicine Technologist
10. Joint Review Committee on Education for the Operating Room Technician American College of Surgeons American Hospital Association Association of Operating Room Nurses Association of Operating Room Technicians	Operating Room Technician
11. Joint Review Committee on Education in Electroencephalographic Technology American Electroencephalographic Society American Medical Electroencephalographic Association American Society of Electroencephalographic Technologists	Electroencephalographic Technician Electroencephalographic Technologist
12. Joint Review Committee on Education in Radiologic Technology American College of Radiology American Society of Radiologic Technologists	Radiation Therapy Technologist Radiologic Technologist
13. National Accrediting Agency for Clinical Laboratory Sciences American Society of Clinical Pathologists American Society for Medical Technology and the committees on: Certified Laboratory Assistant Cytotechnologist Histologic Technician Medical Laboratory Technician Committee on Education American Association of Blood Banks	 Clinical Laboratory Assistant Cytotechnologist Histologic Technician Medical Laboratory Technician Medical Technologist Specialist in Blood Bank Technology
14. Program Evaluation & Review Board American Urological Association	Urologic Physician's Assistant

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SELECTED BIBLIOGRAPHY: MILITARY ALLIED MEDICAL EDUCATION

ALLIED HEALTH PERSONNEL, a report on utilization by the military medical corps as a model for development of non-military health care delivery programs. The report was published by the National Academy of Sciences, 2101 Constitution Avenue, Washington, D. C. 20418.

ALLIED MEDICAL EDUCATION DIRECTORY - 1973 Edition, a listing of approved educational programs for twenty-four allied health occupations, and criteria and procedures for development and approval of educational programs for twenty-four allied health occupations. The Directory is published by the American Medical Association's Council on Medical Education, 535 North Dearborn Street, Chicago, Illinois 60610. Copies are available at a charge of $2.25 per copy.

ARMY, NAVY, AND AIR FORCE MEDICAL TRAINING PROGRAMS, a resource booklet published by the American Hospital Association (840 North Lake Shore Drive, Chicago, Illinois 60611) to provide information on the training of allied health personnel in the military services.

ENLISTED MEDICAL OCCUPATIONAL SPECIALTY TRAINING, a complete listing of all military allied medical educational programs offered to enlisted personnel in the Army, including details of course curriculum. Available from the Office of the Surgeon General, United States Army, Department of the Army, Washington, D. C. 20314.

FORMER SERVICEMEN OF THE ARMY MEDICAL DEPARTMENT, a profile and assessment of an untapped resource of Allied Health Manpower, by James J. Young Ph.D. Copies are available from the Graduate Program in Hospital and Health Administration, University of Iowa, Iowa City, Iowa 52240. Cost per copy is $5.00.

GUIDE TO THE EVALUATION OF EDUCATIONAL EXPERIENCE IN THE ARMED FORCES, a listing of the formal military service school courses and recommendations for the awarding of academic credit and/or advanced standing, edited by Cornelius P. Turner and published by the American Council on Education, 1 Dupont Circle, N.W., Washington, D. C., copyright 1968.

HORIZONS UNLIMITED, a recruitment handbook for students interested in careers in medicine and the allied fields, published by the American Medical Association, Communications Division, 535 North Dearborn Street, Chicago, Illinois 60610. Copies are available for 25¢ a copy.

NAVY MEDICAL DEPARTMENT FORMAL SCHOOLS CATALOG, a listing of all medical training programs offered by the U. S. Navy, published by the Bureau of Medicine and Surgery, U. S. Navy, Washington, D. C. Refer to: BUMEDINST 15000.0 Series.

PATHWAYS TO MILITARY SERVICE FOR COLLEGE MEN AND WOMEN, a listing including descriptions of military careers available to college students and graduates in all of the military services, published by the U. S. Government Printing Office. Copies, at a per copy cost of $.65, should be ordered from the Superintendent of Documents, Washington, D. C. 20402. Refer to: Stock #0800-0166.

TRANSFERING MILITARY EXPERIENCE TO CIVILIAN JOBS, a study of selected Air Force Veterans, published by and available from the U. S. Department of Labor, Manpower Administration, Washington, D. C. 20210. Refer to: Manpower Automation Research Monograph #8, Oct. '68.

GLOSSARY OF ACRONYMS AND INITIALS

The following listing identifies the organizational acronyms and occupational initials used most frequently in this COMPENDIUM in describing the approval and credentialing of allied medical professional and educational programs.

Organizations and Agencies

AAFP - American Academy of Family Physicians
AAOS - American Academy of Orthopaedic Surgeons
AAP - American Academy of Pediatrics
AAIT - American Association for Inhalation Therapy
AABB - American Association of Blood Banks
AAMA - American Association of Medical Assistants
ACCP - American College of Chest Physicians
ACP - American College of Physicians
AHA - American Hospital Association
AMA - American Medical Association
AMRA - American Medical Record Association
AORN - Association of Operating Room Nurses
AORT - Association of Operating Room Technicians
AOTA - American Occupational Therapy Association
APTA - American Physical Therapy Association
ARIT - American Registry of Inhalation Therapists
ARRT - American Registry of Radiologic Technologists
ASA - American Society of Anesthesiologists
ASCP - American Society of Clinical Pathologists
ASIM - American Society of Internal Medicine
ASMT - American Society of Medical Technologists
ASRT - American Society of Radiologic Technologists
AUA - American Urologic Association
DHEW - Dept. of Health, Education, & Welfare
DOD - Dept. of Defense
NCA - National Commission on Accrediting
SNMT - Society of Nuclear Medical Technologists
SNM - Society of Nuclear Medicine

Occupational Designations

ART - accredited medical record technician, registered, American Medical Record Assn.
A.R.I.T. - inhalation therapist [respiratory therapist], registered, American Registry for Inhalation Therapist
CLA(ASCP) - certified laboratory assistant, registered, Registry for Medical Technologists of the American Society of Clinical Pathologists
CMA - medical assistant, certified, American Association of Medical Assistants
C.T.(ASCP) - cytotechnologist, registered, Registry of Medical Technologists of the American Society of Clinical Pathologists
H.T.(ASCP) - histologic technologist, registered, Registry for Medical Technologists of the American Society of Clinical Pathologists
MC,USA - Medical Corps, United States Army
MC,USAF - Medical Corps, United States Air Force
MC,USN - Medical Corps, United States Navy
M.L.T.(ASCP) - associate degree medical laboratory technician, registered, Registry for Medical Technologists of the American Society of Clinical Pathologists
MSC,USA - Medical Service Corps, United States Army
MSC,USAF - Medical Serve Coprs, United States Air Force
MSC,USN - Medical Service Coprs, United State Navy
MT(ASCP) - medical technologist, registered, Registry for Medical Technologists of the American Society of Clinical Pathologists
MT(ASCP)BB - specialist in blood banking technology, previously registered as a medical technologist; registered, Registry for Medical Technologists of the American Society of Clinical Pathologists
MT(ASCP)NMT - nuclear medicine technologist, previously registered as medical technologist; registered, Registry for Medical Technologist of the American Society of Clinical Pathologists
ORT - operating room technician
OTR - occupational therapist, registered, American Occupational Therapy Association
RPT - physical therapist, registered, American Registry of Physical Therapists*
RRA - medical record administrator, registered, American Medical Record Association
R.T.(ARRT) - registered technologist (radiation therapy, radiologic, or nuclear medicine), registered by American Registry of Radiologic Technologists

* Physical Therapists must now be licensed in all 50 states. Thus, the Registry has discontinued operations indefinitely.